CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

KARL L. SCHAUPP, M. D.....President
LOWELL S. GOIN, M. D.....President-Elect
E. VINCENT ASKEY, M. D.....Speaker
PHILIP K. GILMAN, M. D.....Council Chairman
GEORGE H. KRESS, M. D...Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

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Radiology:
R. R. Newell, San Francisco
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Lewis Michelson, San Francisco
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Pharmacology:
W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICES

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred and Twelfth (312th) Meeting of the Council of the California Medical Association*

The meeting was called to order in Room 210 of the Hotel Sir Francis Drake, in San Francisco, at 10:30 a. m., on Sunday, August 22, 1943.

1. Roll Call:

Councilors present: Philip K. Gilman, Chairman; William R. Molony, Sr., E. Vincent Askey, E. Earl Moody, Edward B. Dewey, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Calvert L. Emmons, Harry E. Henderson, Axcel E. Anderson, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, Donald Cass, and Secretary George H. Kress.

Councilors absent: Karl L. Schaupp, Lowell S. Goin (out of State), and R. Stanley Kneeshaw.

Present by invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; Mr. John Hunton, Executive Secretary; Mr. Hartley F. Peart, Legal Counsel; Mr Howard Hassard, Associate Legal Counsel, Mr. Ben Read, Secretary, California Public Health League; Clifford W. Mack, President, Association of California Hospitals; Anthony J. J. Rourke, member of Board of Trustees of Association of California Hospitals; T. Henshaw Kelly, member California Physicians' Service Board of Trustees; A. E. Larsen, Secretary of California Physicians' Service; and Mr. W. G. Ebersole of California Physicians' Service.

2. Minutes.

(*a*) Minutes of the 311th meeting of the Council, held on June 19, 1943, in San Francisco, were submitted and approved. (Minutes printed in CALIFORNIA AND WESTERN MEDICINE, July, 1943, pages 71-77.)

(*b*) Mail ballots were approved as follows:

Ballot of July 31, decision being in favor of San Francisco for the August 22 meeting; and ballot of August 6, the decision being in favor of the recommendations made in the resolution adopted at the California Physicians' Service and Housing Authority meeting of July 28, 1943, regarding possible financial supplements to tenants' dues for a continuation of California Physicians' Service in Federal housing areas; the decision also being in favor of tenants' participation in California Physicians' Service as a condition of occupancy in Federal housing areas.

3. Membership.

(*a*) A report of membership, as of August 20, 1943, was submitted and placed on file.

(*b*) On motion duly made and seconded, it was voted that membership of twenty-four members whose dues had been paid since the last Council meeting, held on June 19, 1943, be reinstated.

(*c*) Upon motion duly made and seconded, retired membership was granted to the following member, whose ap-

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

plication had been received in duly accredited form from his respective county society: Ira B. Bartle, M. D., San Luis Obispo County.

4. Financial:

(*a*) Reports of finances were submitted by the Executive Secretary and placed on file:

Cash report, as of August 20, 1943:

Income account for August and for eight months;

Balance sheet, as of July 31, 1943.

(*b*) It was voted to let the maximum amount in the Revolving Fund be $2,250, this action being necessary because of the new Federal income tax and wage deduction drafts on that fund.

(*c*) It was voted that $15,000 be transferred from the general funds as a payment on the loan made by the Trustees Of The California Medical Association to the California Medical Association.

5. Federal Children's Bureau Maternity-Pediatric Plan:

(*a*) General discussion concerning the federal Children's Bureau maternity-pediatric plan took place.

It was agreed that there was no reason to change the outline of procedure as given in the letter dated July 1, 1943, which was sent to the component county societies by Council Chairman Gilman, and printed in the July issue of CALIFORNIA AND WESTERN MEDICINE, as Item XI, on page 83.

Attention was called to the statement received from the California State Board of Health that, when a physician contracted to accept obstetric or pediatric work under the federal Children's Bureau plan, the physician under the regulations put forth by the Children's Bureau of the United States Department of Labor is not permitted to accept the payment from the California State Board of Public Health—acting for the federal Children's Bureau—and also accept an additional payment from the patient *for the same service*. However, for services to mother or child that are not included in the authorized schedules of the Children's Bureau, payments therefor may be made by the patient.

(*b*) Councilor Kindall called attention to problems which had caused discussion among attending staff members in some of the county hospitals when the institutions accepted payments for professional services rendered by nonindigent patients, the same being then placed in a separate fund; the money so received for such professional services being used under certain conditions for the purchase of additional equipment, etc. It was agreed that Councilor Kindall and Legal Counsel Peart should confer concerning the issue involved and submit a report to the Council.

6. Osteopathy in California:

General discussion took place concerning the proposals that had been communicated to members of the Council by some osteopathic physicians and surgeons.

It was agreed that a committee, consisting of Doctors Cline and Dewey, and Mr. Peart, be appointed to draft a resolution in which would be incorporated matters upon which the Council had come to agreement. The following resolution was submitted and adopted:

WHEREAS, The Council of the California Medical Association has been informed that representatives of the California State Osteopathic Association have conferred with representatives of the California Medical Association concerning plans whereby osteopathic physicians and surgeons might secure additional training leading to the degree of M. D.; and

WHEREAS, The representatives of the California State Osteopathic Association in conference have expressed their intention to:

(*a*) Repeal the existing osteopathic initiative;

(*b*) Terminate the existence of the College of Osteopathy in Los Angeles, as a college of osteopathy, and make its facilities available to an acceptable university for medical teaching; and

(*c*) Conclude arrangements with a university to offer a special curriculum to which an osteopathic physician and surgeon, or a student or intern at the time of consummation of such plans, may be admitted; such person to receive the degree of M. D. upon satisfactory completion of the course; and

WHEREAS, It appears to the Council of the California Medical Association that it would be in the public interest to include the osteopathic physicians and surgeons of California with the Doctors of Medicine of California; therefore, be it

Resolved, That the Council of the California Medical Association approves of the foregoing plan to facilitate the merging of the osteopathic physicians and surgeons with the doctors of medicine of California; and be it

Resolved, That the Council of the California Medical Association, upon fulfillment by the California State Osteopathic Association of the intentions herein outlined, will recommend that its component county societies open membership, in the usual manner, to those osteopathic physicians and surgeons who have achieved the degree of M. D. under this program, and associate membership to the osteopathic physicians and surgeons who have licenses in good standing; and be it further

Resolved, That the Council of the California Medical Association will undertake to obtain approval of this program by the Council on Medical Education of the American Medical Association and the Association of American Medical Colleges.

7. Federal Housing Projects:

Medical service conditions which had arisen in Federal Housing Projects were discussed, with particular reference to the situations which had come into being in San Diego County when California Physicians' Service served notice upon the local Housing Authorities that California Physicians' Service found itself obliged to withdraw from the work, since the income received made possible only the payment of a small fraction of the nominal unit value that had been designated for professional services.

In the discussion, Councilor McClendon, Dr. T. Henshaw Kelly of the Trustees of California Physicians' Service, Dr. A. E. Larsen, Executive Medical Secretary of California Physicians' Service, Councilor Green of Vallejo, and other councilors took part.

Doctor Kelly called attention, whereas, in 1942, the birth rate per thousand population was 17.2, that in 1943 it had become 22.0 per thousand; but that in the housing areas it had become 100.0 per thousand, and this obstetric service had become the largest single item in the matter of medical care and costs in these housing areas, so that the nominal unit value of $2.50 to compensate for professional services had been reduced to 25 per cent of its value. Further, that the cost of the obstetrical care rendered in the housing areas had amounted to 40 per cent of the entire income received to cover all forms of medical service.

It was desirable, therefore, that the federal Housing Authorities give to local Housing Authorities permission to sign contracts and to pay California Physicians' Service direct, and also to collect the monies agreed upon for medical care coverage in such manner as might be deemed best.

It was pointed out that the Linda Vista Housing Project in San Diego was the first contract made and that it was necessarily experimental. The medical service in the housing projects, in one sense, had been thrust upon California Physicians' Service because the rapid increase in population in war production areas situated in San Diego, Vallejo, and other places made it possible for the local profession to meet the demands for medical care in only a partial manner. The thought was expressed that some governmental authorities seemed less concerned with maintenance of the quality of medical care, with proper cost coverage for professional services rendered, than they were with other features.

Doctor Green of Solano County outlined some of the problems which had arisen in the rapidly growing Vallejo

area, referring to a letter of August 18, which he had written to the Executive Director of the Vallejo Housing Authority concerning a conference in which matters of mutual interest might be discussed.

Reference was made that the local Housing Authority had funds whereby compensation could have been paid to physicians for services rendered on a basis other than that of 20 cents on the dollar, but that the official red tape concerning such funds made it impossible for local housing officials to act. It was felt that a 50 per cent increase in rates might aid in solving the difficulties. The big loss was in the professional care of couples and families, and not in the care of single men. To secure full unit compensation for participating physicians, it seemed necessary to raise the rates for couples from $4 to $6 per month, and for a family of five to $7.50.

In problems of such magnitude and gravity, in which the health of war workers is involved, it certainly should be possible for the Federal authorities to provide procedures sufficiently elastic to permit at least nominal compensation for medical care of proper quality.

As regards many citizens who are in housing areas the statement was made that human nature is such that, in the matter of medical care, as with other needs, many citizens want as much as possible for as little as possible, and that it is difficult to make many of these citizens comprehend the basic costs of medical care that measures up to proper quality.

The minor illnesses are treated in the housing projects without special trouble, the project doctor also giving care to the two-visit deductible patients. In other words, the project doctor can do much initial work that would otherwise consume the time of members of the local profession who are busy in practice in the near-by cities.

The resolution of July 28, 1943, adopted at a meeting between representatives of the California Physicians' Service and the Federal Housing Authority, was read and, upon motion duly made and seconded, was adopted. Councilor S. J. McClendon requested his negative vote to be recorded. Resolution follows:

Resolved, That the Federal Public Housing Authority be requested to recognize the great need for medical care in housing projects in communities that cannot be provided for by any other means, and that the FPHA be requested to authorize local housing authorities to enter into such contracts with California Physicians' Service as may be necessary and desirable for insuring the continuation and extension of the C. P. S. program.

The Council was informed that representatives of California Physicians' Service and the local Housing Authorities were scheduled to leave for Washington on August 23 and that it would aid them in the presentation of the California problems if a resolution concerning the housing problems could be adopted.

After further discussion and upon motion duly made and seconded, it was voted that the following resolution be adopted:

Resolved, That the proper authorities in Washington be requested to put into operation the program outlined in the resolution adopted at the meeting of July 28, 1943, between California Physicians' Service and the Federal Public Housing Authority.

8. Medical Service and Hospitalization Survey: Mannix Report:

Councilor Cline, chairman of the special Liaison Committee on Medical-Hospitalization Services, stated he had requested Dr. Anthony J. J. Rourke of Stanford University Hospitals and a trustee of the Association of California Hospitals and a member of its Blue Cross Plan Committee, to appear before the Council and explain what had been done by the hospital groups.

Doctor Rourke informed the Council concerning the discussions and action taken by the Association of California Hospitals regarding the survey that had been made by Mr. John R. Mannix of the Michigan Medical Service concerning California medical and hospitalization groups. A report of a meeting of the Blue Cross Plan Committee, held on June 26, 1943, and a questionnaire in regard to the Mannix survey were read.

Doctor Rourke stated that the Board of Trustees of the Association of California Hospitals had approved the following recommendations:

"Your Committee recommends that, if 75 per cent of the beds in nongovernmental hospitals in California answer the above questionnaire in the affirmative, that your Committee be empowered to extend an invitation to Mr. Mannix to return to California for a short period of approximately a week to assist in the first steps in the proposed establishment of the state-wide plan recommended.

"In summary, your Committee recommends approval of the following:

1. The Mannix Survey.
2. Printing and distribution of the Mannix Survey.
3. Letter addressed to hospital trustees.
4. Questionnaire to hospital trustees.
5. Invitation to Mr. Mannix to revisit California.
6. Appropriation of funds to cover expenses of printing and mailing material to hospitals.
7. Appropriation of funds to cover expenses to be incurred by Mr. Mannix upon his return trip to California."

Doctor Rourke added that, in connection with this work, more than $4,000 had already been received from hospitals in California. The importance of prompt and clarifying action was indicated and in the discussion that followed this was further emphasized.

Several councilors spoke of the excellent manner in which the Association of California Hospitals had taken up the consideration of problems that were of mutual interest and complimented the Association upon progress it had already made.

Dr. T. Henshaw Kelly, a trustee of California Physicians' Service, stated that Doctor Rourke had presented the problems to California Physicians' Service and that Chairman Ray Lyman Wilbur had appointed a special committee, consisting of Doctors Kelly, Askey, and Kilgore, to make further study of the recommendations outlined in the Mannix report. California Physicians' Service Trustee Kelly stated that California Physicians' Service was willing to coöperate in the promotion of a joint medical-hospitalization service plan.

Some of the difficulties in bringing about a full coöperation were indicated. At the present time, California Physicians' Service is not making any full-coverage contracts, its two-visit deductible contracts having some 30,000 beneficiary members, and its surgical contracts a total of 20,000.

The importance of coöperation in matters of sales, acquisitions, collections, and public relations was emphasized.

Doctor Kelly stated that California Physicians' Service did not wish to be bound down to such extent that it could not carry out certain medical experiments which were construed by it to be important.

It was agreed that, if the unit value for professional services that had been rendered could be brought up to a 100 per cent basis, much of the criticism would disappear.

Councilor Cline stated it was important for the medical profession to coöperate as fully as possible with the Association of California Hospitals, in order that a more harmonious and efficient setup in medical service and hospitalization might be created in California than is now in operation.

On motion duly made and seconded, it was voted that the California Medical Association Committee, Doctor

Cline, chairman, be authorized to confer with the California Physicians' Service committee, consisting of Doctors Kelly, Askey, and Kilgore, in order to work out a program concerning objectives to be attained.

It was also voted that in due course Doctor Cline's committee should have power to have the survey report of Mr. John R. Mannix and the reports of the committees and the Council's actions in regard thereto, printed in CALIFORNIA AND WESTERN MEDICINE.

9. Study of Public Relations:

E. Vincent Askey, Speaker of the California Medical Association House of Delegates, requested permission to outline a plan for the study of public relations, with special reference to the attitude of the public toward Organized Medicine as represented by the American Medical Association, the California Medical Association, and its component county societies.

Doctor Askey stated that, for reasons that it was not necessary to take up in detail, there was unquestionably a decided sentiment among a large group of citizens of the State which led them to be skeptical, opposed or antagonistic concerning the motives and objectives of Organized Medicine. If scientific medicine and medical service of proper quality are to be maintained, it is important for the medical profession to learn what is at fault in the existing set-up, and what has led to the changed attitude on the part of the public. He felt that the medical profession is largely to blame in not recognizing the conditions under which we are now living and that only great harm will come to medical practice and to the public health if changes are not instituted. He referred to conversations he had had with many lay persons. As an example of what could be done in bringing about a better understanding on the part of the public when erroneous impressions were existent, he cited the educational campaigns that have been carried on with success by some of the large corporations of America.

Doctor Askey felt that this line of work could not be conducted with any assurance of ultimate success if left to amateurs. He felt that it would be a wise expenditure of funds if the best possible talent could be secured: (1) to learn what is the attitude of the people of California concerning the medical profession through a cross-section survey of the State; and (2) if the information so acquired had appeal, it may be deemed advisable to follow the example of other large organizations in bringing about a change of opinion, even though the educational campaign might necessitate the expenditure of large sums of money.

Doctor Askey stated he had asked Mr. Ebersole of the California Physicians Service staff, who had had contacts with some of the large public relations firms, to give further information concerning possible costs. Mr. Ebersole related to the Council what he had learned in his conference.

Vice-Speaker Alesen took up the discussion, emphasizing the points brought out by Speaker Askey, stating that we were at the cross-roads, and must determine whether we shall adopt a defeatist attitude or decide upon a positive, constructive program. General discussion followed.

Upon motion duly made and seconded, it was voted that Council Chairman Gilman be authorized to appoint a committee of three members to make a further study of the suggestions presented by Speaker Askey, the committee to bring in a report to the Executive Committee and the Executive Committee to have power to act. (The committee appointed consists of Doctors Askey, Cline, and MacDonald.)

10. Public Policy and Legislation:

Dwight H. Murray, Chairman of the California Medical Association Committee on Public Policy and Legislation, spoke of the difficulties in securing adequate information concerning proposed legislation in Congress. He felt that the existing arrangements with the national organization are not working out in proper form and felt that it was desirable to approach the solution of the medical-political problems concerned with California, through some other agency.

After full discussion, it was voted that $250 be sent to the California State Chamber of Commerce to carry out the plans outlined by Doctor Murray. It was felt that the money would be wisely expended if it would permit the medical profession of California to have a better understanding of federal legislation than has been possible to obtain in the past.

11. "California and Western Medicine":

Secretary-Editor Kress called attention to the insert of supplement cards which had been sent out by the Ohio State Medical Association, as outlined in the editorial comment on page 109 of the August issue of the OFFICIAL JOURNAL. Upon motion duly made and seconded, it was voted that the editor be authorized to arrange for the printing and insertion of such a supplement card in an early issue of CALIFORNIA AND WESTERN MEDICINE.

It was also agreed that the Association should print and offer for sale, at cost, insert slips that could be sent out with statements, in which the ways through which lay persons might aid in maintaining adequate medical service would be outlined.

12. Annual Session:

On motion duly made and seconded, it was voted that the annual session in 1944 be held in the city of San Francisco, war conditions permitting.

13. Fee Schedule:

Information concerning the proposed changes in the fee schedule of the California Industrial Accident Commission was given by Executive Secretary Hunton and Legal Counsel Peart, and the committee was authorized to take such further steps as may be deemed advisable.

14. Federal Wage and Hour Act:

A letter from the Medical Diagnostic Laboratory of Los Angeles was read regarding the governmental interpretation of what constitutes interstate commerce in relation to physicians, such as pathologists who make reports to doctors of medicine in different states. It was voted that the same be referred to the Legal Counsel of the Association.

15. Request From American College of Chest Physicians:

Request was made by the American College of Chest Physicians that the California Medical Association appoint a special committee on tuberculosis. It had been pointed out in the agenda that a standing Committee on Health and Public Instruction could appoint a subcommittee on tuberculosis, Chairman Gilman to send the necessary information to Dr. John Ruddock, chairman of the Committee on Health and Public Instruction.

16. Time and Place of Next Meeting:

It was voted that the next meeting be held in Los Angeles on Sunday, October 10.

17. Adjournment:

PHILIP K. GILMAN, *Chairman*
GEORGE H. KRESS, *Secretary*

Circles are praised, not that abound
In largeness, but the exactly round:
So life we praise that does excel
Not in much time, but acting well.
—Edmund Waller, ***Long and Short Life.***

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

American Casualties Total More Than 100,000 to Date

Washington, Sept. 1 (AP).—More than 100,000 members of United States military forces and the merchant marine have been killed in action, wounded, reported missing, or taken prisoner.

The Army reported today that its casualty total through last week was 69,358. Navy casualties totaled 21,556, Marines 7,904, and Coast Guard 363. The latest merchant marine summary showed a total of 4,751 dead and missing.

All these add up to 103,932.

However, the Army said that 8,748 of its men classed as wounded have left the hospital or returned to duty.

A total of 19,581 persons in all thirty-five services are listed as dead, and 35,895 are listed as missing, the total of those two figures being 55,476.

Following are the latest casualty summaries for the services:

Army (through the end of last week): killed, 8,927; wounded, 19,391, of whom 8,748 have left the hospital or returned to duty; missing, 21,406; prisoners of war, 19,634; total, 69,358.

Navy (to date): dead, 7,840; wounded, 2,553; missing, 8,917; prisoners of war, 2,246; total, 21,556.

Marines (to date): dead, 2,005; wounded, 2,501; missing, 663; prisoners of war, 1,925; total, 7,904.

Coast Guard (to date): dead, 182; wounded, 22; missing, 158; prisoner of war, 1; total, 363.

Merchant Marine (from September 27, 1941, to August 1, 1943): dead, 627; missing, 4,124; total, 4,751.—San Francisco *Chronicle,* September 2.

Army Rejects 27.8 Per Cent of Drafted Men

66,491 Out of 233,813 Californians Are Turned Down

Washington, August 26.—Selective Service statistics showed today that during twenty-six months of drafting men for the armed forces, 27.8 per cent of the 5,043,135 sent to induction stations were rejected as unfit, physically or otherwise.

The statistics, contained in the annual report of the Selective Service system, covered the period from the first inductions in 1940 through November 30, 1942.

The number rejected during the period was 1,400,840. Of these, 1,184,456 were whites, 26.6 per cent of the 4,451,692 forwarded to induction stations by draft boards. The Board sent 591,443 negroes and of these 216,384, or 36.6 per cent, were rejected.

California rejections were exactly the same as the national average. California sent 233,813 men to induction stations, of which 66,491, or 27.8 per cent, were rejected.

South Carolina had the largest percentage of rejections. It sent 59,647 men to induction stations which rejected 21,033, or 35.3 per cent. The rejection of whites was 31.6 per cent, and of negroes 41 per cent. Michigan followed closely with rejections of 34.4 per cent.

The best record was made by Wyoming, which sent 7,892 men to induction stations and had only 1,031, or 13.1 per cent, turned back. A perfect record on a racial class was reported for North Dakota, which sent ten negroes to induction stations and had ten accepted.

Trailing Wyoming for low percentages of rejections were Utah, Kansas, Washington, Iowa, South Dakota, Nevada, and Connecticut.—San Francisco *News,* August 26.

Rejects in the Draft

United States Turns Out Too Many Morons, Says General Hershey; Social Changes Are Urged

Fifty Per cent of Men Over Thirty Can't Pass Army Tests; One-Third of These Are Mental Cases

A plea to the nation to remake its social and educational system after the war so that "so many middle-class morons and physically unfit fathers won't be turned out," was made yesterday morning during a press conference by National Director of Selective Service Major General Lewis B. Hershey.

In referring to the great problem faced by draft officials in handling the 3,000,000 4-F's and the 50 per cent rejects on draft candidates over 30, General Hershey said:

"After the war let's readjust our lives so that men can pass moderate physical examinations when they're over 30, and let's not have a third of those examined rejected for mental reasons.

"There are too many middle-class morons in the country, people with mental diseases who can't pass Army tests. I hope after the war we have time to grow up mentally."

The National Director of Selective Service admitted that local draft boards faced " a nasty job ahead" in drafting fathers, which he intimated would begin some time in October, or soon thereafter, depending on the fluctuating supply of 1-A's and adolescents graduating into the 18-year-old group.

"We are going to be realistic," he told reporters at the San Francisco Press Club, where the conference was held. "We are not going to keep men out of the ranks to do work that women can do."

At the same time, he said, the nation must protect its airplane factories and shipyards—and other industries that "supply the war fronts."

He gave figures for single men deferred on farms and industries—700,000 on the farms and 1,000,000 in war industries. An additional 300,000 in the nation are being allowed to remain in school or training to become doctors, chemists, and technicians for use in peacetime years.

"We have quite a backlog of fathers—about 17,000,000 of them," said General Hershey. "We are down to the bottom of the barrel on 1-A's and all we have left on the shelves are the cardiacs, psycopaths, and the military forces are getting a little particular."

He described the married group as a "pressure group," with millions of wives, children, and mothers-in-law rooting to keep them from being drafted.

Their average age, he said is 31 years, and of this group there will be from 40 to 50 per cent rejections for physical disabilities. After other deferments are made, he predicted the draft boards might not be able to obtain more than 2,000,000 "out of the entire bunch." . . .—San Francisco *Chronicle,* August 8.

Aid Stations for Sicily Wounded Always on the Go

Somewhere in Sicily (By Wireless).—Probably it isn't clear to you just how the Army's setup for the care of the sick and wounded works on a battlefront. So I'll try to picture it for you.

Let's take the medical structure for a whole division, such as the 45th, which I have been with recently. A division runs roughly 15,000 men, and almost 1,000 of that number are medical men.

To begin right at the front, three enlisted medical-aid men go along with every company. They give what first

aid they can on the battlefield. Then litter-bearers carry the wounded back to a battalion aid station.

Sometimes a wounded man is taken back right away. Other times he may be pinned down by fire so that the aid men can't get to him, and he will have to lie out there for hours before help comes. Right there in the beginning is the biggest obstacle, and the weakest feature of the Army's medical setup.

Once a soldier is removed from the battlefield his treatment is superb. The battalion aid station is his first of many stops as he is worked to the rear and finally to a hospital. An aid station is merely where the battalion surgeon and his assistant happen to be. It isn't a tent or anything like that—it's just the surgeon's medical chest and a few stretchers under a tree. Each station is staffed by two doctors and thirty-six enlisted men. They are very frequently under fire.

At an aid station a wounded man gets what is immediately necessary, depending on the severity of his wounds. The idea all along is to do as little actual surgical work as possible, but at each stop merely to keep a man in good enough condition to stand the trip on back to the hospital, where they have full facilities for any kind of work. Hence if a soldier's stomach is ripped open they do an emergency operation right at the front, but leave further operating to be done at a hospital. If his leg is shattered by shrapnel they bind it up in a metal rack, but the operating and setting isn't done till he gets back to the hospital. They use morphine and blood plasma copiously at the forward stations to keep sinking men going.

* * *

From the battalion aid station the wounded are taken by ambulance, jeep, truck, or any other means, back to a collecting station. This is a few tents run by five doctors and 100 enlisted men, anywhere from a quarter of a mile to several miles behind the lines. There is one collecting station for each regiment, making three to a division.

Here they have facilities for doing things the aid station can't do. If the need is urgent they re-dress the wounds and give the men more morphine, and they perform quite a lot of operations. Then the men are sent by ambulance on back to a clearing station.

The 45th Division has two clearing stations. Only one works at a time. While one works the other takes a few hours' rest, then leapfrogs ahead of the other one, sets up its tents and begins taking the patients. In emergencies, both clearing stations work at once, temporarily abandoning their rest-and-leapfrog routine.

All these various crews—the company aid men, the battalion aid station, the collecting station, and the clearing station—are all part of the division. They move with it, fight when it does, and rest when it does.

* * *

Then back of the clearing stations the hospitals begin. The first hospitals are usually forty miles or more back of the fighting. The hospitals are separate things. They belong to no division, but take patients from everywhere.

They get bigger as you go back, and in the case of Sicily patients are evacuated from the hospitals right onto hospital ships and taken back to still bigger hospitals in Africa.

The main underlying motive of all front-line stations is to get patients evacuated quickly and keep the decks clear so they will always have room for any sudden catastrophic run of battle casualties.

A clearing station such as the one I was in is really a small hospital. It consists of five doctors, one dentist, one chaplain, and sixty enlisted men. It is contained in six big tents and a few little ones for the fluoroscope room, the office, and so forth. Everybody sleeps outdoors on the ground, including the commanding officer. The mess is outdoors under a tree.

The station can knock down, move, and set up again in an incredibly short time. They are as proficient as a circus. Once, during a rapid advance, my station moved three times in one day.—Ernie Pyle, in San Francisco *News*, August 16.

Streams of Wounded Get Swift, Efficient Treatment

Somewhere in Sicily (By Wireless).—Army ambulances carry four stretchers each, or nine sitting wounded. When they reach a clearing station they back up to the surgical tent and unload.

The men lie there on their stretchers on the floor of the tent while the aid men look at their tags to see how severe the wounds are, in order to handle the worst ones first. Those who don't need further attention are carried right on through to the ward tents to wait for the next ambulance back to a hospital.

Those who have graver wounds are carried into the operating room. Two big Army trunks sit up-ended there on the dirt floor. The trunks contain all kinds of surgical supplies in drawers. On top of each trunk is fastened a steel rod which curves up at each end. The wounded man is carried in his litter and set on these two trunks. The curved rod keeps him from sliding off. His litter thus forms his operating table.

A portable surgical lamp stands in a tripod over the wounded man. A little motor and generator outside the tent furnish power, but usually they just use flashlights. One or two surgeons in coveralls or ordinary uniform bend over the man and remove his dressings. Medical-aid men crowd around behind them, handing them compresses or bandages with steel forceps from a sterile cabinet. Other aid men give the patient another shot of morphine or inject blood plasma or give him a drink of water from a tin cup through a rubber tube they put in his mouth.

Incidentally, one of the duties of the surgical ward boys is to keep the sweat wiped off the surgeon's face so it won't drop down onto the wound.

* * *

Just outside the surgical tent is a small trench filled with bloody shirt sleeves and pants legs the surgeons have snipped off wounded men to get at the wounds more quickly. The surgeons re-dress the wounds, and sprinkle on sulfanilamide as though it were ant powder. Sometimes they poke for buried shrapnel, or recompress broken arteries to stop the flow of blood, or inject plasma if the patient is turning pale.

They don't give general anesthetics here. Occasionally they give a local, but usually the wounded man is so doped up with morphine by the time he reaches here he doesn't feel much pain. The surgeons believe in using lots of morphine. It spares a man so much pain and consequently relieves the general shock to his system.

On my third day at the clearing station, when I was beginning to feel better, I spent most of my time around the operating table. As they would undress each new wound, I held firmly to a lamp bracket above my head, for I was still weak and I didn't want to disgrace myself by suddenly keeling over at the sight of a bad wound.

Many of the wounds were hard to look at, and yet Lieutenant Michael de Giorgio said he had never seen a human body as badly smashed up here as he had in traffic accidents back in New York, where he practiced. . . .

But most of the wounded say nothing at all when brought in—either because they see no acquaintance to talk to, or because they're too weak from their wounds or too dopey from morphine. Of the hundreds that passed through while I was there I never heard but one man groaning with pain.

Another thing that struck me as the wounded came through in a ceaseless stream on their stretchers was how

dirt and exhaustion reduce human faces to such a common denominator. It got so everybody they carried in looked alike. The only break in the procession of tired and dirty men who all looked exactly alike would be when an extreme blond would be carried in. His light hair would seem like a flower in a row of weeds.—Ernie Pyle, in San Francisco *News,* August 17.

Armed Services Need Six Thousand More Doctors

Chicago, Aug. 5 (UP).—The armed forces must have six thousand additional physicians by January 1.

To achieve this goal, generals in command of the various service commands have been authorized to induct physicians between the ages of 38 and 45 who have been declared available by the directing board of the procurement and assignment service for physicians, dentists, and veterinarians, *The Journal of the American Medical Association* said.

If not enough doctors respond to the call, *The Journal* predicted that the needs of the armed forces will be met by specific regulations of the Selective Service administration for the enactment of special legislation.—Fresno *Bee,* August 5.

(COPY)

The Bulletin of the Los Angeles County Medical Association

Open Meeting Procurement and Assignment Service for Physicians and Dentists

Many important questions will be discussed at the meeting on August 23, 1943, including announcements of new policies as to recruiting of all available physicians and dentists under 45 years of age.

All physicians, dentists, and hospital executives are urged to be present.

* * *

Edward M. Pallette, M. D.
Southern California State Chairman for Physicians
Procurement and Assignment Service
1930 Wilshire Boulevard
Los Angeles, California

August 7, 1943.

Send immediately to state directors of Selective Service names and addresses of physicians under 45 years of age who have been declared available by Procurement and Assignment Service and who have refused to apply for commissions. Copies of these names and addresses should be sent to Central Office. National Headquarters Selective Service has authorized state directors to appeal such cases whose local boards now have them in deferred classification. Letter follows.

M. E. LAPHAM, M. D.,
Executive Officer, Procurement and Assignment Service for Physicians, Dentists, and Veterinarians
Washington, D. C.

Plasma Here Is Ample for Civilian Use

The civilian population of the West Coast can now be assured of an adequate supply of blood plasma in case of disaster, states Dr. Charles R. Lowe, assistant surgeon, reserve, of the U. S. Public Health Service. Doctor Lowe has just finished a tour of the Coast to inspect blood bank facilities.

Doctor Lowe explained that, although the plasma quotas for military personnel are far from complete, civilian needs have been studied ever since Pearl Harbor and a plan drafted whereby every community has a good supply of plasma.

The West Coast "target areas" now have 34,500 units of plasma available for civilian use, Doctor Lowe revealed. It is so stored that any place within the area can be reached in 30 minutes with added supplies if district stocks should be exhausted.

Both dried and frozen plasma are being stored for emergencies on the Coast. Twelve hospitals have 500 units each and three hospitals in large cities, 1,000 units each, according to a recent survey.

The Army and the Red Cross have supplied the dried plasma and it is figured that every small town has an available supply of from 20 to 25 units at all times.

"Blood plasma is the greatest single factor saving the lives of wounded servicemen today," Doctor Lowe said. "The Red Cross has done a magnificent job with their blood donor program, and the Public Health Service and Civilian Defense are grateful for their unequaled contribution."

Doctor Lowe added that medical science is continually finding increased use for blood plasma, and the amounts needed will continue to increase even when this war is ended.—San Francisco *Chronicle,* August 8.

Stretcher Teams

Office of Civilian Defense Medical Division Defines Duties of Stretcher Teams in Emergency Medical Service

The Medical Division of the Office of Civilian Defense in an Operations Letter issued June 30 defines the duties of Stretcher Teams of the Emergency Medical Service as these duties have been modified by the recent development of the specialized Rescue Service.

Rescue Squads are now to assume the duties formerly assigned to the Stretcher Teams at major incidents with many trapped casualties. In addition to the technical work of rescue, this includes emergency care and transport of casualties from the scene of an incident to an ambulance or to a point where medical service is available. Stretcher Teams remain, however, an essential part of the Emergency Medical Service, the Medical Division points out. The functions of the teams as outlined in the new statement are as follows:

1. Assisting medical personnel at Casualty Stations in handling and nonprofessional care of minor casualties.

2. Unloading ambulances and assisting in reception of casualties at hospitals.

3. Performing rescue work at minor incidents not requiring specialized rescue squads.

4. Assisting Rescue Squads at major incidents at which many casualties are trapped.

A Stretcher Team is composed of a leader and four other persons, preferably men and older boys from the neighborhood of the facility to which they are attached. The Medical Division urges that members of a hospital staff who have maintenance functions should not be selected for duty on a Stretcher Team.

A group of teams attached to any facility is under a group leader, who is responsible for the organization and training of members of his team. . . .

Office of Civilian Defense Urges Recognition of Health Officials in Civilian Protection Organization

In order that health and sanitation may be maintained during and after an air raid or other wartime disaster, health officers, with their deputies, division chiefs and sanitary inspectors, should be members of the United States Citizens Defense Corps, the Office of Civilian Defense advises in Operations Letter No. 131, entitled "The Health Department in Civilian Protection."

Commanders of the United States Citizens Defense Corps are urged to appoint health officers to their staffs.

Health officers should develop plans for prompt action in emergencies to assure: (1) maintenance of safe water, food, and milk supplies; (2) sanitary disposal of sewage and putrescible wastes; (3) sanitation at mass feeding centers, rest centers, casualty stations, billets, and other temporary facilities for war emergencies; and (4) control of communicable disease, the Operations Letter points out. Planning should include the mechanism for mobilizing essential personnel during and following an emergency, it is suggested. Another important duty will be to make arrangements for immediate instruction of the public in emergency sanitary measures. . . .

Office of Civilian Defense Announces Organization Plan for Rescue Service

Plans for the organization of the Rescue Service, which is responsible for the recovery of persons trapped under the structural débris of demolished buildings in the event of enemy action, were issued June 24, by James M. Landis, Director of the United States Office of Civilian Defense, in Operations Letter No. 133. . . .

Although the Rescue Service is being organized nationally under the direction of the Medical Division of the Office of Civilian Defense, State and local Rescue Services will be separate from the Emergency Medical Service. Local Chiefs of Rescue and Emergency Medical Services will work in close coördination in the Control Center. When reports are received of persons trapped by the débris of buildings demolished by an air raid or other enemy action, an Express Party is dispatched, which consists of one Rescue Squad, one Mobile Medical Team, and one ambulance and one sitting-case car.

Rescue workers, who should be recruited from workers in the building and demolition trades, mine workers, mechanics, petroleum industry workers and tunnel workers in the heavy construction industry are to be organized in squads of ten. The squads should be based in depots, each of which should have a complement of three squads rotating on periods of first call.

The Office of Civilian Defense recommends an average of one depot for each 50,000 population in target areas. The number in each locality, however, will depend on the types of buildings and on the area over which the community is spread, as well as on the number of residents. In sections in which houses are largely of frame construction or of the one-story type, fewer Rescue Squads will be needed because trapped persons will be fewer and their extrication less difficult. The national program contemplates an establishment of about 1,000 depots and a full rescue personnel of 30,000 organized into 3,000 squads. . . .

Penicillin Production

War Production Board Acts to Boost Wonder Drug Output

Washington, Aug. 29.—Nine companies have received the blessing of the War Production Board to build new facilities to boost production of penicillin, the scarce but vitally needed wonder drug, it was learned today.

Just a little more than a year ago penicillin was only a laboratory curiosity, but now scientists hail it as many times more potent than the famed sulfas, and producers are besieged with demands for supplies.

Four of these expanding firms and three others already had been producing the drug, but five are entering as newcomers in this fast developing field. Total cost of the expansion for the nine firms will exceed $3,000,000, WPB records show.

Although there is virtually no yardstick for determining rate of output, due to the drug's newness, WPB officials estimated the new producers would have some stocks of penicillin available within three to six months.

Even if production is tripled, the demand will far exceed the supply at least for the duration, the WPB believes, and only a very small amount will be available for civilian use.

Although the Army only gets 50 per cent, as announced last week by Surgeon-General Norman T. Kirk, other units of the armed forces, as well as maritime workers, receive their share, and large supplies are needed for continued research and tests.

All control of the drug for civilian use is vested in one man, Dr. Chester S. Keefer, director of the Evans Memorial Hospital in Boston and chairman of the national research council's committee on chemotherapeutics.

Call Doctor Keefer

By agreement of the various agencies working to develop penicillin, every gram allocated to civilians goes to Doctor Keefer and he passes it along to hospitals for clinical tests or to specific doctors.

Officials here emphasized that when patients in extreme cases need it their doctors should get in contact with Doctor Keefer and he would provide some—if conditions merit and he has any available.

Penicillin is rated by scientists as the most potent weapon ever found against many diseases, among them pneumonia, gonorrhea, and blood poisoning. It is particularly effective in combating staphylococci, which are bacteria wound infectors or pus formers.

Yellow Magic

The major drawback has been that penicillin is incredibly difficult to produce. In its finished form it is a yellow-brown powdery stuff, not at all impressive looking. However, to obtain this, chemists must grow mold in flasks, extract the fluid in the growth and from it obtain the "yellow magic."

But often the molds refuse to secrete the needed juice. Even when they do, too, the yield is pitifully small.

The WPB records showed the nine companies which have had applications approved for expansion include the Cutter Laboratories, Berkeley, California.—San Francisco *Chronicle,* August 30.

Medical Group Calls Penicillin Potent Weapon

Chicago, Aug. 25 (AP).—The National Research Council, in its first clinical report on penicillin, today praised the new bacteria-killing agent, calling it a "most potent weapon."

The Council's committee on chemotherapeutic and other agents, of the division of medical sciences, outlined in the *Journal of the American Medical Association* the results of 500 cases of infection treated with penicillin.

"Penicillin has been found to be most effective in the treatment of staphylococcic, gonococcic, pneumococcic and hemolytic (blood destroying) streptococcus infections," the report said.

The committee related that out of 129 cases of gonococcic infection—all of which failed to respond to the sulfa drugs—125 were free from symptoms and no bacteria could be found within nine to forty-eight hours after treatment with penicillin.

"Here, then, is a most potent weapon in the treatment of sulfonamide-resistant gonorrhea, and it is not too much to predict that penicillin will prove to be one of the most effective agents in the treatment of a disease that causes great ineffectiveness in the armed forces and in the civilian population.—Los Angeles *Times,* August 26.

California Medical Association Council Action re Maternity-Pediatric Program

Federal Children's Bureau Maternity-Pediatric Plan:

General discussion concerning the federal Children's Bureau maternity and pediatric plan took place.

It was agreed that there was no reason to change the outline of procedure as given in the letter dated July 1, 1943, which was sent to the component county societies by Council Chairman Gilman, and printed in the July issue of CALIFORNIA AND WESTERN MEDICINE, as Item XI, on page 83.

Attention was called to the statement received from the California State Board of Health that, when a physician contracted to accept obstetric or pediatric work under the federal Children's Bureau plan, the physician, under the regulations put forth by the Children's Bureau of the United States Department of Labor, is not permitted to accept the payment from the California State Board of Public Health—acting for the federal Children's Bureau—and also accept an additional payment from the patient *for the same service*. However, for services to mother or child that are not included in the authorized schedules of the Children's Bureau, payments therefor may be made by the patient.

Maternity-Pediatric Plan of Federal Children's Bureau

(Additional Items—Continued from Pages 79-88, July CALIFORNIA AND WESTERN MEDICINE)

CALIFORNIA AND WESTERN MEDICINE for July on pp. 79-88, submitted eighteen items related to what has become known as the federal Children's Bureau plan for the obstetric and pediatric care of wives and infants of enlisted men. Owing to change of CALIFORNIA AND WESTERN MEDICINE printer from Los Angeles to San Francisco with loss of some copy, delayed mails, the publication being in press, etc., it was not possible to find space in the August number for some items that contained other information. Editorial comment appeared in the August issue. To what has already been printed, the following items may be added.

* * *

ITEM XIX

(COPY)

Washington, D. C., June 16, 1943.

Dear Doctor Kress:

In the mimeographed copies of your letter of May 24 to Doctor Tollefson and your June 1st letter to Doctor Olin West, a statement attributed to me relative to the 1938-1939 county medical society fee schedule study of the American Medical Association has been slightly misquoted. I stated that the Children's Bureau had reviewed the material prepared by the American Medical Association and observed that the average fee submitted by 360 county medical societies for normal deliveries was $35. Actually, this report shows that the mean average of the minimum fees submitted was $28.58 and the mean average of the maximum fees submitted was $42.71. The average fee would be between these two figures.

It was a pleasure to have the opportunity of meeting with the northern and southern "Liaison Committees with the California State Board of Public Health" and to observe the close and harmonious working relationships between the public health agency and the practicing physicians. California is indeed fortunate in having Doctor Halverson for its State Health Officer and Doctor Bierman for its Director of the Bureau of Maternal and Child Health.

Sincerely yours,

EDWIN F. DAILY, M. D.,
Director, Division of Health Services.

(COPY)

July 10, 1943.

George H. Kress, M. D.,
Secretary-Editor,
San Francisco, Calif.

Dear Doctor Kress:

Thank you for sending me the section of the June issue of the CALIFORNIA AND WESTERN MEDICINE relating to maternity and infant care for wives and infants of enlisted men in the armed forces. I feel confident that the physicians in California will give Doctor Halverson wholehearted support and coöperation in making these services available to the families of enlisted men under the provisions of the plan prepared by the California State Health Department and approved by the Children's Bureau on June 30, 1943.

In reply to your inquiry about the study of fee schedules, may I refer you to my letter to you dated June 16, 1943, copy of which is enclosed. This data was compiled by the Bureau of Medical Economics of the American Medical Association in 1938 or 1939. A photostatic copy of this unpublished study was made available to the Children's Bureau by the U. S. Public Health Service.

Sincerely yours,

EDWIN F. DAILY, M. D.,
Director, Division of Health Services.

* * *

(COPY)

August 21, 1943.

Dear Doctor Kress:

A copy of the July issue of CALIFORNIA AND WESTERN MEDICINE has been sent to this office, I presume at your request. Thank you for this courtesy.

In reviewing the eighteen items of correspondence on pages 79 to 87 relating to the emergency maternity and infant care program, you have omitted my letter dated June 16, 1943, to you and my reply of July 10, 1943, to your letter of July 8, 1943, although both of these letters were received by you before some of the other correspondence reprinted. Since the subject matter of these two letters is referred to repeatedly in other correspondence printed, it seems only fair that your readers be given an opportunity to review the complete correspondence.

In the last sentence of Doctor Gilman's letter of July 1 to members of the California Medical Society it is stated, concerning the emergency maternity and infant care program, "Therefore, members of the Medical Association as individual physicians are free to accept payments from either the California State Board of Public Health, or from a patient, or from both." This statement is in error. The plan of the California State Department of Public Health, as approved by the Chief of the United States Children's Bureau, provides that the attending physician will agree in writing not to accept payment from the patient or her family for services authorized by the State Department of Public Health under the emergency maternity and infant care plan.

I will appreciate your courtesy in publishing this letter and the two letters mentioned above.

Sincerely yours,

EDWIN F. DAILY, M. D.,
Director, Division of Health Services.

* * *

ITEM XX

Obstetric and Pediatric Care for Wives and Children of Enlisted Men

[Letter sent by Dr. George H. Kress, Secretary-Editor, California Medical Association, August 6, 1943:]

Dear Doctor West:

We continue to be much interested in the Federal Children's Bureau Plan.

We have noted the following articles in *The Journal*:

Maternity Care for Wives of Enlisted Men, *The Journal*, July 17, p. 816.

Daily, E. F.: Medical and Hospital Maternity and Infant Care, *ibid.*, July 31, p. 945.

I am writing to ask if any other articles appeared in *The Journal* on the subject, and if so will you kindly send me the references?

Thanking you for your prompt attention to this,

Cordially yours,

GEORGE H. KRESS, M. D., San Francisco.

* * *

[Reply of Dr. Olin West, Secretary, American Medical Association, sent August 10:]

Dear Doctor Kress:

Your letter of August 6 was received on August 9, since which time I have had prepared a list of references to items pertaining to obstetric and pediatric care for the wives and children of service men that have appeared in *The Journal of the American Medical Association.*

I presume you know that the program of the Children's Bureau for providing obstetric service was initiated in the State of Washington in 1941 and was extended to other states, beginning in August, 1942.

In the Federal Legislative Bulletin No. 19 of our Bureau of Legal Medicine and Legislation, dated September 1, 1942, there was a three-page discussion of legislation introduced at the request of the President of the United States proposing an additional appropriation for the Children's Bureau. Part of this appropriation was to be used to provide maternity services for the wives of service men. This bulletin was sent to the officers of all state medical associations.

On page 47 of *The Journal* for September 5, 1942, there appeared an editorial comment on the two bills that had been introduced at the request of the President. It was pointed out in the editorial comment that part of the appropriation provided for in the bills was to be used for maternity care for the wives of service men. In the same issue of *The Journal,* on page 58, there was a brief reference to the introduction of these two bills, neither of which was enacted.

In *The Journal* for November 14, 1942, on page 846 there was an item under the title "Medical Care for Wives and Infants of Men in Military Service" in which reference was made to the program of the Children's Bureau and to the fact that funds had been set aside by the Bureau from its appropriation for the fiscal year 1943 in the amount of $198,000.

In *The Journal* for November 21, 1942, on page 974 there was a news item descriptive of the plan being put into operation in the State of Missouri for providing medical and hospital obstetric and pediatric care for the families of men serving in the armed forces.

On page 603 of *The Journal* for February 20, 1943, reference was made to a supplemental estimate that had been submitted to the Seventy-Seventh Congress by the President asking for an appropriation of $1,200,000 to be used by the Children's Bureau in making grants to states to provide medical, nursing and hospital maternity and infant care for wives and babies of enlisted men of certain grades serving in the armed forces. In the Federal Legislative Bulletin No. 25, dated March 1, 1943, reference was made to this supplemental estimate that had been submitted to Congress and to the fact that the House Committee on Appropriations had refused to include the estimate in the deficiency appropriation bill, H. R. 1975.

On page 872 of *The Journal* for March 13, 1943, reference was made to a bill introduced by Representative Keefe, H. R. 2041, proposing to authorize an appropriation of $6,000,000 for each fiscal year during the war and for six months thereafter to provide obstetric and pediatric care for the wives and infants of service men. This bill, as I am informed, is still in the hands of the House Committee on Education and Labor.

In the Federal Legislative Bulletin No. 25, dated April 5, 1943, reference was made to the fact that when the deficiency appropriation bill, H. R. 1975, came before the Senate for consideration there was included in the bill the appropriation requested by the President, and that the House thereafter agreed to this appropriation and the President signed the bill. In this same issue of the Bulletin reference was made to the bill introduced by Representative Keefe.

On page 1231 of *The Journal* for April 10, 1943, there was an item under the heading "Medical Care for the Wives and Children of Enlisted Men" which referred to the appropriation of $1,200,000 that had been made available for obstetric and pediatric services, to the regulations that had been promulgated by the Department of Labor under date of March 26 for the allotment of this money and to the nature of the testimony given by the Chief of the Children's Bureau before a subcommittee of the House Committee on Appropriations in support of the request for the appropriation.

On page 1379 of *The Journal* for April 24, 1943, there appeared in the Report of the Board of Trustees a reference to the federal program here under discussion.

On page 382 of *The Journal* for June 5, 1943, there was an item under the title "Maternity Care for Wives of Certain Grades of Enlisted Men," summarizing the extent to which the plan had been put into operation.

There appeared in *The Journal* for June 26, 1943, on page 628 a reference to H. R. 2935, the Labor Department-Federal Security Agency appropriation bill for the fiscal year ending June 30, 1944, which contained at that time provision for the appropriation of $4,000,000 for the use of the Children's Bureau in carrying out the program under discussion. This sum was increased before the appropriation bill was enacted to $4,400,000.

On page 621 of the same issue of *The Journal* reference was made to the action taken by the House of Delegates of the American Medical Association in approving generally the action of the Federal Government in making funds available for maternity and infant care for the wives and infants of enlisted men, but recommending that allotments be paid directly to the wives.

In the Federal Legislative Bulletin No. 28, under date of July 15, 1943, reference was made to the enactment of the Labor Department-Federal Security Agency appropriation bill authorizing the appropriation of $4,400,000 for grants to states to provide obstetric and pediatric care.

On page 816 of *The Journal* for July 17, 1943, there appeared a statement which was in the nature of a summary of the report issued by the Secretary of Labor on the progress made in the several states in carrying out the program of the Children's Bureau.

In *The Journal* for July 31, 1943, beginning on page 945, there appeared a special article by Dr. Edwin F. Daily, director of the Division of Health Services of the Children's Bureau.

There have been other references in special legislative bulletins sent to all state medical associations by our Bureau of Legal Medicine and Legislation pertaining to the proviso included in the appropriations bill, H. R. 2935, which places certain restrictions on the Children's Bureau.

There seems to have developed an impression on the part of many that the plans of the Children's Bureau for pro-

viding obstetric and pediatric services for the wives and infants of enlisted men were not initiated until March 18, 1943, on which date the President signed the deficiency appropriation bill in which was included provision for the appropriation of $1,200,000 to finance the program of the Children's Bureau for the remainder of the fiscal year. The fact is that the program of the Children's Bureau was initiated in 1941 after the Department of Health of the State of Washington had petitioned the Children's Bureau for financial assistance to help in providing obstetric and pediatric service for the wives and children of enlisted men stationed at Fort Lewis. That was the first project started, and no other similar project was put into operation until August, 1942. In the time between August, 1942, and February, 1943, programs quite similar to the one initiated in the State of Washington became effective in twenty-seven states, and the Children's Bureau made available the sum of $390,177, to be used in financing the programs in those states. These funds were set aside by the Bureau from the regular appropriation authorized for maternal and child health services under Part 1 of Title V of the Social Security Act. Our information is to the effect that other states than the twenty-seven referred to made application for funds to be similarly used, which could not be granted because the Bureau had no additional funds available.

In view of the fact that at least twenty-seven states collaborated in the program of the Children's Bureau over a considerable period of time, it is a little surprising that no state medical association found the program so objectionable as to induce the filing of any complaints with the American Medical Association. I have heard that the program was approved in some states, though I have no official advices to that effect. However, articles appeared in some state medical journals that were entirely favorable to the Bureau program. In the *Journal of the Medical Society of New Jersey* for November, 1942, there appeared a two-page statement in which it was stated that the medical society of New Jersey had agreed to participate in the program and the reasons for that decision were given. A somewhat similar statement appeared in the *Journal of the Missouri State Medical Association* for November, 1942.

I presume that by this time you have received a release from our Bureau of Legal Medicine and Legislation pertaining to the opinion of the Attorney-General of the United States with respect to the effect of the provisos that were included in the appropriation bill for the Department of Labor, of which the Children's Bureau is a part.

It will no doubt interest you to know that I had a visit a few days ago from the health officer of one of our larger Middle West states, who stated that applications for obstetric and pediatric service for the wives and children of soldiers were coming into his office at the rate of one thousand a month and that the tentative estimate indicated that the cost of such service in that one state under the Children's Bureau program probably would amount to $1.250.000 a year. In that particular state, I understand, the fee for obstetric service including antepartum and postpartum care will be fixed at $45. Our visitor made a very interesting point when he stated that in many if not in most instances the wives of soldiers demand that they have the services of the best qualified obstetricians, who are already overwhelmed with work, and he expressed a fear that the obstetricians would be put in a bad light if they refused to serve the wives of soldiers under the Children's Bureau-State Health Department program even though their own private practice demanded every minute of their time.

If this service is to cost a million and a quarter in one state, the appropriation of $4,400,000 will be exhausted very rapidly.

With most cordial good wishes, I am

Very sincerely yours,

OLIN WEST.

[Letter from Dr. George H. Kress, Secretary-Editor, California Medical Association, sent August 17, 1943:]

Dear Doctor West:

Many thanks for your courtesy in sending to me your letter of August 10 with its information concerning references in *The Journal* on maternity-pediatric care.

The letter was received too late to be of use in my August editorial for CALIFORNIA AND WESTERN MEDICINE.

I am very glad to have this information for our files.

Cordially yours,

GEORGE H. KRESS, M. D.,
Secretary-Editor.

* * *

ITEM XXI

Two Informative Letters—Re: Federal Children's Bureau Plan

(COPY)

STATION HOSPITAL
READING ARMY AIR FIELD
Reading, Pa.,
18 August, 1943.

Dr. Wilton L. Halverson,
Department of Public Health,
760 Market Street,
San Francisco, California.

Dear Hal:

I was interested in the discussion of the problem of providing obstetrical care for wives of soldiers in CALIFORNIA AND WESTERN MEDICINE.

If Doctor Daily's only desire is to carry out the specifications of Congress in administering these funds for the welfare of the soldiers' families, the solution should be very simple. The requirements mentioned in his letter on page 82 can be easily fulfilled and I am confident receive the coöperation of the California Medical Association in carrying out this program.

Knowing how much financial assistance she could depend upon, the soldier's wife could approach the doctor of her choice and make arrangements for care in the usual way. At the usual time the doctor would present his bill. The patient would forward it to you. You would make out a check to the doctor and return it to her. She would make out an additional check if necessary, and remembering that some soldiers are quite wealthy, and forward it to the doctor. Nurses and hospital bills could be handled similarly.

This method would seem to avoid all the objections voiced by either side in the discussion. It would maintain the highest standards of medical practice. It would assure the patient's confidence in her doctor. In assuring the Bureau that the funds were being expended for medical, hospital and nursing care, it would satisfy all the Congressional specifications mentioned by Doctor Daily. By giving you information on the total charges it would prevent additional charges, except where justified by the patient's financial standing from sources outside the Army. I am sure the California Medical Association would wholeheartedly coöperate in preventing any excessive charges. It would give the profession as a whole the feeling that governmental funds are going to be used for the welfare of the patient and not as a political club. It would assist in the future coöperation of the medical profession and the Government in solving the financial problems involved in providing modern medical care for all the people, which apparently is not being aided by the present deadlock.

Knowing your sincerity and understanding of the many factors involved, I am sure you will continue to work for

a satisfactory solution of this problem which is so important to our soldiers.

With very best wishes, I am

Sincerely yours,

(Signed) LEWIS T. BULLOCK.

* * *

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
Wilton L. Halverson, M. D.
Director of Public Health

Lewis T. Bullock, Captain, M. C.,
Station Hospital,
Reading Army Air Field,
Reading, Pa.

Dear Captain Bullock:

Doctor Raffety has referred to me your letter of August 18 and we are very grateful to you for your interest in the problems of providing satisfactory maternity and infant care for the dependents of enlisted men here in California, and for your constructive suggestions.

It has been apparent throughout our negotiations that there has been no difference of opinion on the desirability of making it possible for these people to obtain good care. The difficulties have centered about the methods to be employed. We in the State Health Department have been given very little to say in this regard, as the federal plan outlined by the U. S. Children's Bureau is quite inflexible. We have been able, however, to gain a few concessions from the Children's Bureau because of conditions prevailing in this State, particularly with regard to the purchase of hospital care, and we are still hopeful that some other changes may be made possible.

We are particularly glad to have your letter just now, as it contains suggestions which may prove helpful to us in solving some of our current problems.

It is our earnest desire to work this thing out with the medical profession and hospitals in a manner that will assure the best possible care for the soldiers' families and not create injustices for any concerned.

Very sincerely,

JESSIE M. BIERMAN, M. D.,
Chief, Bureau of Maternal and Child Health.

ITEM XXII

Federal Children's Bureau Versus Ohio State Medical Association

Ending weeks of Federal-state difference, State Health Director R. H. Markwith announced Wednesday that Ohio would accept, with only minor changes, the same Federal Children's Bureau childbirth program for the wives of men in the armed forces that has been accepted by thirty-nine other states.

"Our hands are tied by the congressional act establishing the program," he said. "There's nothing else we can do and still participate in the Federal aid plan."

The director delayed acceptance of the plan until the Ohio State Medical Association and other agencies had attempted to draft a substitute, workable program which would overcome the objection of the Association that the bureau plan threatened to "socialize" the practice of medicine.

Never Rejected

Contrary to reports, Doctor Markwith said the plan never had been finally rejected.

"It was never turned down flat," he stated. "We delayed acceptance to give the Association time to work out an acceptable plan of its own. Its attempts have been stymied, and we now are forced to accept the bureaucratic plan if the wives of our service men are to be afforded any protection at all."

Details of the plan which will be placed in effect in Ohio will be worked out in a series of conferences beginning Thursday, when Dr. Edwin Daily of the Children's Bureau will come from Washington to confer with Markwith.

Success Seen

"Without doubt, a plan will be worked out which will meet with the requirements of the Children's Bureau and also one in which the Ohio State Medical Association will be willing to participate, even if a bit unwillingly," said the health director.

"Governor Bricker, the Association and I have always been in sympathy with the general program of Federal aid, but we have not always seen eye to eye with the Children's Bureau in the way it should be administered.

"We submitted a compromise proposal, based on the congressional act, to the Bureau on May 6, and it was returned to us on May 17 with suggested corrections. That probably will be the basis for the finally accepted plan."

Has $200 Ceiling

The Federal plan calls for a maximum doctor's fee of $35, and has a ceiling of $200 for all prenatal and postnatal expenses. It would allow a maximum of $60 for hospital care, $25 for surgery, $70 for nurse's care if needed, and $10 for ambulance service. However, the national average expenditure under the program is only about $30.

The Medical Association objected to the plan on the ground it would socialize medicine, inasmuch as a doctor would be paid direct by the Federal government, and was limited to the fee he could charge even though relatives or other agencies were willing to make up any deficit not covered by the $35 maximum.

Direct Grants Favored

The Association favored among other things direct grants to the expectant mothers, who then could use the funds as they saw fit. Other details of their plan Doctor Markwith refused to reveal, but it was learned from other sources that it called for participation by the army and navy relief societies.

This was "stymied," however, by Washington pressure, it was charged, and the service relief organizations then took the position that their funds should not be expended when congress had appropriated $4,000,000 to finance the childbirth program.

Backers of the Association plan complained bitterly that the army-navy relief societies would have been willing to live up to their boast that "the army (or navy) takes care of its own" until bureaucratic pressure was brought to bear in Washington. They pointed out that the army-navy relief funds already total more than $9,000,000, with additional millions coming in from movie rights.

Another Suggestion

Still another suggestion—it was no more than that—was one advanced by Markwith. It was that the regular soldier dependency allowances—$12 a month for the first child and $10 for each subsequent child—be started at conception instead of at birth. Thus by the time a child was born a fund of $90 or $108 would have been established.

"The machinery for such a program already has been established," Doctor Markwith pointed out, "but no one saw fit to take up that plan. Perhaps it's too simple and workable for bureaucratic minds."

No Secret

Despite his ultimate acceptance of the Federal plan, Markwith made no secret of his bitter opposition.

"Regardless of what they say, it is not open to the wives of all enlisted servicemen," he asserted. "It is open only to

those who can find a $35 doctor, and who are willing to have their babies in a ward rather than in a private or semi-private room.

"We're not satisfied, but we're trying to get the best possible assistance for the wives of our men in the services. We won't certainly get all we want, or all we believe we should have, but we'll do the best we can."—Robert Vincent, I. N. S. staff writer in Columbus (Ohio) *Dispatch,* August 4.

ITEM XXIII

Federal Children's Bureau Versus Oregon State Medical Society

Provisions whereby the Federal plan for providing maternity financial assistance to wives of non-commissioned servicemen would be made acceptable to the medical profession in Oregon were rejected Tuesday by the Children's Bureau in Washington, D. C., in a telegram to Dr. J. F. Belz, director of maternal and child care for the Oregon Department of Public Health.

Crux of the situation is the determination of Oregon medical men not to be "blackmailed" into what they term bureaucratic regimentation of their profession.

The medical men approve of the plan to provide financial aid to the servicemen's wives who become mothers, but they object to the mechanics under which the plan is administered.

Fixed Fee Proposed

The funds have been provided by Congress for allocation by the Children's Bureau to the maternal and child care departments in the respective states.

Under terms of the rules laid down, hospitals would charge what is their own average fee for maternity cases, but there would be a fixed fee for the physician's services. As presently set up, this varies in individual states from $35 to $50. Cost would be borne by the Federal Government.

One of the stipulations in the plan is that the physicians agree not to seek or accept any additional fee in such maternity cases.

It is to this stipulation that the Oregon medical men object strenuously. It is not a matter of money, but it is the principle of the thing, they say—a government bureau telling them how much they may charge for services rendered.

Suggestions Offered

The Oregon State Medical Society's maternal and child care committee made known to Dr. Belz its suggestions in the matter, which were transmitted to the Children's Bureau. The medical men first suggested that a grant of money be made the expectant mother by the Government, and that she then be allowed to make her own financial arrangements with doctor and hospital.

The Children's Bureau has discarded this suggestion.

The Oregon doctors also asked that the requirement that they accept no additional fee in such a medical case be waived. The Children's Bureau rejected this request Tuesday.

"The medical profession has given assurance that adequate care will be given to the wives of servicemen, whether or not the plan is acceptable here, and whether or not the mothers have the funds for maternity care," a spokesman for the State Medical Society's committee on maternal care said Tuesday.

It was stated that the establishment of a fixed fee in a maternity case creates injustices as far as the physician is concerned because of the multiplicity of factors involved.

Standards for maternity care vary from community to community and among the doctors themselves, it was pointed out. Some physicians devote more time and attention to the mother before and after birth than do others, require more blood counts and other tests. They do not wish to and will not lower their standards regardless of what the fee is, physicians said. Moreover, the overhead costs of physicians vary from community to community, and within any one community, the doctors state, so that by all yardsticks it is unfair to set a fixed fee for maternal care.

A poll taken by the Oregon society showed that the physicians of the state are of the opinion that a fixed fee of $50 is entirely too low in view of their own time and expenses involved. Large numbers of them reported that such payment would represent a net loss to them.

Obstetricians said that 25 per cent of the babies born in the United States during wartime will be the children of servicemen.

The negotiations between the Oregon physicians and the Children's Bureau for some kind of settlement of the matter through the Oregon Department of Public Health will be continued, the spokesman for the medical society said.—*The Oregonian,* Portland, Oregon, August 18.

Los Angeles City Maternity Service

The Los Angeles City Maternity Service has been active since 1915, and is operated as a public health measure for the reduction of maternal and infant mortality, by the Los Angeles City Health Department.

It maintains antepartum and postpartum dispensaries, and provides for the conduct of labor in the patient's home (in suitable cases) under the supervision of the Director and the attending staff. At the present time, there are eight dispensaries in operation. Each patient is asked to go to her nearest dispensary, on the proper day, at least every two weeks throughout pregnancy. A complete physical examination including a blood test and a urinalysis is done on the first visit. A routine urinalysis and blood pressure are insisted upon at each subsequent visit. Most of the patients are referred to the clinic by the public health nurses, charitable organizations, clinics, hospitals and other similar agencies. A large number of patients are referred by "old patients." Each case is thoroughly investigated by the medical and nursing staff, to eliminate all cases able to pay for private care. The nursing staff is furnished by the Nursing Division of the Los Angeles City Health Department.

The location and hours of the eight dispensaries are as follows:

Temple Street Clinic, Wednesday, 9–11 a. m.

Southwest Clinic, Thursday, 9–11 a. m.

Watts Clinic, Monday, 9–11 a. m.

Griffin Avenue Clinic, Tuesday and Friday, 9–11 a. m.

Cedars of Lebanon Clinic, Thursday, 9–11 a. m.

West Los Angeles Clinic, Friday, 10–12 noon.

Van Nuys Clinic, Monday, 9–11 a. m.

San Pedro Clinic, Tuesday, 12:30–2 p. m.

A central office is maintained for the purpose of handling all routine clerical work, records, social service investigations, care of labor bags, obstetrical supplies, and many other matters which are routine in a large organization. A 24-hour telephone service is now maintained—MIchigan 5211, "Maternity Service."

We know that tuberculosis is caused by the tubercle bacillus, but we also know that malnutrition, fatigue, dust, poor ventilation, poverty, and overcrowding are contributing factors.—Henrietta Landau, Public Health Nursing Consultant, United States Public Health Service, *Hoosier Health Herald,* October, 1942.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Definition of Senate Bill 1161

Senate Bill 1161 is defined by its sponsors, Senator Robert F. Wagner of New York and Senator James Murray of Montana, as a bill:

To provide for the general welfare; to alleviate the economic hazards of old age, premature death, disability, sickness, unemployment, and dependency; to amend and extend the provisions of the Social Security Act; to establish a unified national social insurance system; to extend the coverage, and to protect and extend the Social Security rights of individuals in the military service; to provide insurance benefits for workers permanently disabled; to establish a Federal system of unemployment compensation, temporary disability, and maternity benefits; to establish a national system of public employment offices; to establish a Federal system of medical and hospitalization benefits; to encourage and aid the advancement of knowledge and skill in the provision of health service and in the prevention of sickness, disability, and premature death; to enable the several states to make more adequate provision for the needy aged, the blind, dependent children, and other needy persons; to enable the states to establish and maintain a comprehensive public assistance program; and to amend the Internal Revenue Code.

Introduced—U. S. Senate—June 3, 1943.

Read twice and referred to the Committee on Finance.

A Menace to Medicine

Hidden among the provisions of the Wagner-Murray bill to broaden the Social Security Act, which now is pending before the Senate, is one which effectually would destroy the free practice of medicine in the United States.

It would accomplish this by placing the entire medical profession, including its schools, hospitals, and clinics, under the direct or indirect control of the Surgeon-General of the Public Health Service, and by adding to the burden of the taxpayers the medical bills of some 110,000,000 people.

Under the system of socialized medicine which the Act would set up, the citizen would be deprived of his privilege of seeking treatment from a physician of his choice or at a hospital or other institution of his choice, and would be required to seek service from the doctor and institution indicated by the health service.

The goal at which the bill is directed—adequate medical service for all—is most commendable, and is one toward which the free medical profession long has been striving and hopes soon to reach.

But the socialistic approach of the Wagner-Murray bill is vicious, and every citizen should join with the medical profession in urging that the measure be rejected.—Editorial in San Francisco *Call-Bulletin,* August 10.

Comfort First

Another bill has been introduced in Congress—S. 1161—"To provide for the General Welfare." As usual, it is proposed to have the Federal Government do the providing. This most recent of the "comfort" measures is designed to remove virtually all the hazards of living. Among other things, it makes provision for free general medical, special medical, laboratory, and hospitalization benefits for more than 110,000,000 people in the United States. It would place in the hands of one man—the Surgeon-General of the Public Health Service—the power and authority to hire doctors and establish rates of pay for doctors; to establish fee schedules for services; to establish qualifications for specialists; to determine the number of individuals for whom any physician may provide service; to determine arbitrarily what hospitals or clinics may provide service for patients. In short, the bill, if enacted into law, would destroy the entire system of American medical care.

And so the specter of socialization à la the German pattern continues to haunt the land. On the one hand, we see a powerful labor union urging public ownership of basic industries, while on the other, public servants are recommending public ownership of the medical profession. Both moves are based on the fallacy that the general welfare is composed solely of two parts—comfort and security.

Our people would do well to remember the words of a famous writer: "If a nation values anything more than freedom, it will lose its freedom; and the irony is that if it is comfort or money that it values more, it will lose that, too."—Editorial in Salinas *Californian,* August 2.

Sickness-Insurance Bill Opposed by Physicians

With compulsory sickness insurance once more a national issue as a result of the introduction of the Wagner-Murray bill in this Congress, medical opponents of the measure are launching a drive against it bigger than any they have yet undertaken. Heading the opposition is the National Physicians' Committee for the Extension of Medical Service, with headquarters in Chicago.

The Committee regards this bill, which is expected to come up for discussion next winter, as by far the most dangerous proposal, from the standpoint of free economy, that has yet been made.

While the nature of the bill has caused some political leaders to regard it as too drastic for passage, medical critics of the measure are not trusting it to defeat itself. They say they intend to make known to the masses of people what it means in terms of their own pay checks, and their relations with the family doctor, and with their Government.

A great flow of pamphlets has been started from Committee headquarters informing people about the bill and stressing that the bill, if it were passed, would mean political medicine for the United States at an annual cost of $3,048,000,000. The Committee figures the cost to the individual family head would average $120 a year.

First Blueprint of Scheme

Introduction of the bill serves one useful purpose, as John M. Pratt, executive administrator of the National Physicians' Committee, sees it.

"For the first time," he said, "we are given in blueprint form the complete philosophy of the group favoring sickness insurance together with details for carrying it out—the mechanics of execution and administration. At last we know just what they propose."

Mr. Pratt says the proposal adds up to complete bureaucratic domination of the American people.

"If the recommendations of this bill are enacted into law," he declared, "they will destroy the private practice of medicine in the United States."

The Committee upon which Mr. Pratt serves has two main objections to the bill. First, as its members analyze it, it makes the Surgeon-General of the United States Public Health Service a virtual dictator.

"It proposes," says the Committee, "placing in the hands of one man—the Surgeon-General—the power and authority to hire doctors and establish rates of pay; to establish fee schedules for services; to establish qualifications for specialists; to determine the number of individuals for whom a physician may provide service; and to determine what hospitals or clinics may provide service for patients."

The second major objection of the Committee is to the cost of the service and the burden it would place upon the people forced to participate.

Cost Runs Into Billions

The Committee estimates that under the terms of the bill a minimum of $3,000,000,000 would be transferred from the Federal Social Insurance Trust Fund to the Medical Care and Hospitalization account each year. This is enough money to enable the Surgeon-General to pay for every available bed in non-government-owned hospitals at the rate of $5 a day, and for every bed in Government hospitals at $2.50 a day; to hire every effective physician in the nation at $5,000 per year; to spend a sum of something over $168,000,000 a year for drugs; and still to have $600,000,000 for administrative costs. In addition, says the Committee, the bill provides a fund for medical education. With this money, as the Committee also estimates it, the Surgeon-General could assume the total cost of operating the sixty-six accredited medical colleges of the United States, provide scholarships of $700 for 22,000 medical students; and still have about $11,000,000 left for research.

For Doctor, "Abject Slavery"

While these expenditures seem extravagant to the Committee, its members object to the bill more on the ground of its probable effect on the medical profession than on its cost.

"State medicine—political control of medical service," the booklet states, "always has meant, always will mean, for the mass of people medical care through and by physicians who are politically amenable rather than by those with superior abilities and skills.

"For the doctor, State medicine means abject slavery. . . ."

The Committee figures it will take about 150,000 persons to administer the Act—to "tell patients where to go and doctors what to do." This, it believes, will establish a new class of people with a vested interest in the perpetuation of sickness insurance.

The Committee reports it is getting an enthusiastic response from many of those to whom it has sent its literature, including 131,000 doctors. — *Christian Science Monitor,* August 18.

A Fight for More Security

Federal Medical Benefits Stir Up Strong Opposition

Washington, August 19.—The Wagner-Murray-Dingell bill, now pending in Congress and proposing a great extension of the Social Security system, uses nineteen of its ninety pages to outline legislatively what it calls "Federal medical, hospitalization and related benefits"—an enterprise which some opponents describe as "socialized medicine," and which an unfriendly organization of physicians calls "totalitarian medicine."

This is probably the most controversial part of the bill. Its advocates see in it a blessing for the millions of low-income families whose members delay or neglect visits to physicians and hospitals because of the cost.

Its foes say it would "abolish private medical practice" and set up a vast new bureaucracy under which the head of the Public Health Service, with three billion dollars a year to spend, would eventually become the employer of all the physicians in the country and the controller of all hospital beds.

"For the doctor," says the National Physicians' Committee for the Extension of Medical Service, "state medicine means abject slavery—the necessity of catering to the ward committeeman or the precinct captain rather than to the needs of the human beings who are his patients."

However, doctors are divided. Some nationally prominent physicians support the general principles of this proposed legislation, and through their Committee of Physicians for the Improvement of Medical Care, Inc., have said it "provides a framework and a basis for discussion from which it is sincerely hoped that a constructive program for improved medical and health care of the American people may be developed."

Dr. George E. Bigge, Social Security Board member, says: "There is nothing in our recommendations, or so far as I can see in the Wagner-Murray-Dingell bill, which would in any way affect the doctor or the hospital in their relations with their patients. The purpose of the proposal is simply to make sure that patients will have the money with which to pay their bills. I can see no reason why any physician should object to that."

The American Federation of Labor description of the proposed new health insurance program is that it would extend "medical and hospital care to all persons covered under old-age and survivors' insurance and for their dependents. The benefits include necessary general and special medical services, hospitalization and related medical services, supplies and commodities. Technical and professional administration is lodged with the United States Public Health Service. . . .

"The bill assures free choice of any regularly licensed general practitioner, arrangements for use of specialists' services, and varied methods of remunerating doctors, with emphasis on maintenance and development of the quality of medical care, and provision for grants to aid medical education and research."

The National Physicians' Committee declares, "The provisions are so sweeping that, if enacted into law, the entire system of American medical care would be destroyed."

This committee says the bill would place in the hands of one central authority, the Surgeon-General of the United States Public Health Service, "authority (1) to hire doctors and establish rates of pay, possibly for all doctors; (2) establish fee schedules for services; (3) establish qualifications for specialists; (4) determine the number of individuals for whom any physicians may provide service; (5) determine arbitrarily what hospitals or clinics may provide service for patients."

Says the A. F. L. Committee on Social Security, "We have no desire to interfere in the scientific matters of the medical profession, in which doctors alone are competent, but we are concerned to make medical care available to those who need it."

As to the other end of the plan, the A. F. L. committee says, "Voluntary hospitalization covers around ten million people, while hospitalization insurance under Social Security should cover something like 80 to 100 million."

Apparently the A. F. L. doesn't expect to get this benefit immediately, for it says: "Of course, the nation cannot put a comprehensive national medical-care program into actual operation during the war while so many doctors are with the armed forces, but we can begin to lay plans and build up the insurance end."

It says, also: "A hundred years ago, after we had achieved universal manhood suffrage, the American labor movement struggled to secure universal public education. That education has been a source of our national strength. Now that we have begun to build Social Security we can further strengthen our nation by a program of national health through medical-care insurance."—San Francisco *News,* August 19.

Additional United States Aid

Public Backs Bill: Gallup

Princeton, N. J., Aug. 17.—Eight years ago, on August 19, 1935, President Roosevelt signed a bill which was destined to become one of the most popular and best-liked single pieces of legislation in the history of the New Deal.

The eighth anniversary of the Social Security Act finds a number of basic amendments pending in Congress which

would greatly broaden the scope of the Social Security program. The public, which approved the original act by the overwhelming vote of 89 per cent, is in favor of many of the proposed amendments, and a substantial number of Americans are willing to pay 6 per cent on their wages and salaries in order to make the enlarged program possible.

An Institute survey from coast to coast put the issue before the people as follows:

"At present the Social Security program provides benefits for old age, death, and unemployment. Would you favor changing the program to include payment of benefits for sickness, disability, doctor and hospital bills?"

The vote is:

	Per Cent
Yes	59
No	29
Undecided	12

All those who favor the program were then confronted with the fact that this would mean an increase in the amount of money deducted from their wages or salaries. They were asked whether they would be willing to accept this larger deduction:

"Would you be willing to pay (or have your husband pay) 6 per cent of your salary or wages in order to make this program possible?"

The vote of the 59 per cent approving the program divides as follows:

	Per Cent
Yes	44
No	11
Undecided	4

Another of the many proposals contained in the bill now before Congress is that Social Security be broadened to include farmers, domestic servants, Government employees, professional persons and others who are not now included under the program.

By a large vote the public favors expanding Social Security to include these groups:

"At present farmers, domestic servants, Government employees, and professional persons are not included under Social Security. Do you think the Social Security program should be changed to include these groups?"

	Per Cent
Yes	64
No	19
Undecided	17

—George Gallup, Director, American Institute of Public Opinion, in San Francisco *News*, August 17.

Social Security Should Include Hospitalization Insurance: Report of an A. F. L. Committee

Continuing its series of articles in support of proposed amendments to the Social Security law, the American Federation of Labor committee this week declares the law should be amended to include insurance for paying hospital bills. The committee signing the articles consists of Matthew Woll, George Meany, G. M. Bugniazet, and John P. Frey.

The worst thing about a hospital bill, the Committee states, is that one can never know when such a bill may have to be incurred. A family may go along for years with almost no sickness, then one child may have a ruptured appendix and another may have to go to a hospital for other serious illness, and even a reasonable hospital bill might run up to a large part of the wage-earner's yearly salary. And no matter how generous the terms of payment on installments, yet the family earnings may be mortgaged far into the future and with no reserve accumulated for the next sickness.

Some Potential Benefits

People protected by hospitalization insurance could go to the hospital as soon as the doctor found it advisable. Physicians often hesitate to send a patient to the hospital because of the expense involved. With insurance, sick people also can stay in a hospital instead of leaving too soon in order to hold down expense. Such social insurance would not cover the doctor's bill, but it would reduce the cost of sickness by paying all or a portion of the hospital charges. Under a system of hospital insurance none would have to ask for charity care during an illness.

The A. F. L. committee points out that a nation or any large group can make fairly accurate prediction of what sickness may occur in a year; but a family cannot do so. A nation can estimate its hospital costs for a year, add a reserve for contingencies and then figure out an insurance program, prorating the costs as premium payments among the insured people or families. The insured person who has no hospital bill for some years is doubly lucky in that he has his health and a feeling of safety that his hospital bill would be paid if he should become ill. In other years his hospital bill might exceed more than he had paid into the fund over his many healthy years. The Committee statement continues:

Would Aid the Hospitals

"Hospitalization insurance helps the hospital as well as the patient. This is very important, for many fine hospitals are handicapped by lack of money. A hospital must provide room and board suited to the special needs of each patient. It must have nurses and doctors who have taken long and expensive training to fit themselves for the work. Its equipment and upkeep are very expensive. Every empty hospital bed is a loss. The more patients a hospital has (up to its capacity) and the more completely its regular and special services and equipment are used, the lower it can make the charges to each patient, and the better the service it can give for the money."

Hospitalization insurance provides for paying hospital bills at once, instead of their deferment. It simplifies the patient's entrance for treatment, doing away with the down payment. Even limited insurance that pays only for hospital bed and board would keep and help both the hospital and the patient. Many people could find the money to pay for other hospital costs, the committee report states, and further, insurance benefits will help hospitals in small communities to build themselves up to the people's needs.

The proposal for hospitalization insurance, the Committee reminds, does not contemplate doing away with private hospitalization plans. It cites that some of these, like the Blue Cross plan, are doing fine and useful work. Some private plans, however, are not managed well enough, or not free from exploitation to give the kind of protection the members pay for. Also, social insurance does not aim to cover all hospital expenses, but only to lighten the burden for basic costs. One can carry private insurance to take care of the extra charges as wages are increased—"just as we have increased our private insurance and have had more appreciation of our union insurance since we have had social security."

It is further presented in the committee report that whereas voluntary hospitalization now covers around ten million people, such insurance under Social Security should protect something like eighty to one hundred million. And: "Hospitalization insurance under Social Security can cover the entire family. For the same costs it can give more days of hospitalization because it can operate as part of the going Social Security system, using the same records and overhead administration. . . . You can get more hospitali-

zation insurance for the money under Social Security than you can get in any private plan which you join as an individual; and if you are protected at low rates under a group plan, perhaps through your plant, you are only eligible for that hospitalization insurance as long as you work in that plant."

Exclusion of Occupational Injuries

Concluding the current article in the series (which will yet have five more installments in relation to the various proposed amendments to the Social Security law) the A. F. L. committee declares that hospitalization insurance should be provided for all workers now covered by old-age and survivors' insurance, their families and dependents. But to avoid interference with workmen's compensation, occupational injuries should be excluded from the plan. Insurance benefits, the Committee declares, should pay hospital bills of from $3 to $6 a day, or else reasonable hospital costs. Each injured person and each of his dependents should have as many as thirty days of hospitalization a year, and if the insurance funds permit, each might have up to sixty days. "Most of us won't need anything like that much care; but think what it will mean to those who do need it!"—San Francisco *Labor Clarion*, August 6.

Wagner-Murray-Dingell Bill (S. 1161): How Minnesota State Medical Association Representatives Met with Mid-West Congressmen

(COPY)

MINNESOTA STATE MEDICAL ASSOCIATION

Saint Paul, Minnesota,
August 11, 1943.

Dear Doctor:

I am sending you herewith for your information a notice which went to our membership recently about an unusual conference now being arranged between professional groups and the Senators and Congressmen from five states in this section.

This is the first conference of the sort anywhere in the country, but we understand that others are under consideration and that representatives from other states will be here to observe and assist in organizing similar meetings if this one is a success.

In view of the fact that several proposals for radical expansion of social security in this country are now before Congress, such contacts with Senators and Representatives may well be of critical importance to the future of medical practice.

A statement representing the views of the medical profession of the states covered, including Wisconsin, Iowa, North and South Dakota, and Minnesota, will be presented to the members of Congress as a feature of the formal program. It will be followed by a question and answer session.

We shall be glad to send you a report of the proceedings if you are interested in arranging a similar conference in your section.

Sincerely yours,

(Signed) R. R. ROSELL,
Executive Secretary.

SENATORS AND CONGRESSMEN TO TALK THINGS OVER WITH NORTHWEST FARMERS, BUSINESS AND PROFESSIONAL MEN

What will probably be the largest and most significant conference ever held between members of Congress and their constituents back home is now being planned for Monday, August 16, at the Radisson Hotel in Minneapolis. Three sessions are being arranged. . . .

Twenty-five Senators and Congressmen have already accepted invitations to be present. . . . They are from the following states: Minnesota, Iowa, Wisconsin, North Dakota, and South Dakota.

These are momentous times in the life of the nation, and especially for the profession of medicine.

Before Congress today is the revolutionary Wagner-Murray-Dingell "cradle-to-the grave" legislation which calls for a complete recasting of medical service, including compulsory sickness insurance, in this country. Before it are innumerable problems involving the health of the nation and stemming from the shortages and stringencies of war.

These are the men in whose hands the decision will rest as to the future of medicine in the United States.

Says Congressman A. H. Andresen of Minnesota of the conference: "This will be a meeting where Congressmen and Senators will be the listeners and not the speakers. They are anxious to ascertain the sentiment and feeling of the people, in an effort to secure information on the effect of present policies on business, the professions, and farming, in order to legislate more intelligently when Congress reconvenes on September 14. The Radisson Hotel conference is in harmony with the intent of the Congressional recess which was to give members of Congress an opportunity to talk with their constituents."

Make your plans now to attend the evening meeting!

R. R. ROSELL, *Executive Secretary,*
Minnesota State Medical Association.

Home Front Demands Listed

Minneapolis, Aug. 18 (AP).—Representative August H. Andresen (R., Minn.), chairman of a conference of Congressmen and citizens on Washington's administration of the home front, said today the opinion of speakers "clearly demonstrated a common problem—unwise and detrimental rule by Washington bureaucracy."

He listed as demands of the speakers for farm, business and professional groups:

1. That Congress recover the legislative powers heretofore granted to the Executive.

2. The discharge of hundreds of inexperienced policy-making bureaucrats, to be replaced by experienced men from agriculture, business, and professions.

3. The cancellation of federal policies which are now crushing business and jeopardizing the production of food.

At the two-day conference were sixteen Congressmen—fourteen Republicans, a Progressive, and Farmer-Laborite—and representatives of the farmer, business, and professional man. Andresen estimated the total attendance of four sessions at 2,500.

The conference was called, Andresen said, after several Northwest trade groups asked him to organize a meeting so farmers, business and professional men could appear personally before the Congressmen while they were on their home grounds and tell of their troubles with directives and personnel of Washington home front war bureaus. Congress is in recess until September 14.—San Francisco *Call-Bulletin*, August 18.

COMMITTEE ON INDUSTRIAL PRACTICE

California Industrial Accident Fee Schedule

Attention of California Medical Association members is again called to the following:

Dear Doctor:

Have you mailed in your postcard on Industrial Accident Commission fees?

We need every one we can get. If you haven't sent yours in already, *please do it now.* If you have mislaid the card, write the California Medical Association office for another one.

If you have sent in your card, many thanks. In that case, won't you make it a point to contact at least three of your colleagues and make sure that their cards have also been sent in?

Let's all pull together on this—for the good of all.

KARL L. SCHAUPP, M. D.,
President, California Medical Association.

A Committee on Industrial Health in the Medical Society of Every Industrial County

An active local industrial health program should be based on:

(*a*) Local industries' medical needs.

(*b*) Telling industry and labor what needs to be and what can be accomplished under existing conditions.

(*c*) Lining up the physicians willing to help and teaching them how to do it. This can be done by special or county society meetings devoted to industrial health. Suggested subjects:

1. Minimum standards of industrial health today.
2. Duties of physicians in small and large industrial plants.
3. Preplacement and periodic physical examinations in industry.
4. Health education and consultation in industry.
5. Rehabilitation of war casualties in industry.
6. Control of occupational diseases.

(*d*) Organizing a coöperative program between the medical society, industry and interested agencies to further the program.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Purpose of the Public Health League of California

1. To preserve a proper relationship between the patient and his physician, dentist and nurse.

2. To educate the public to the proper evaluation of medicine, dentistry, nursing and the allied sciences.

3. To make social, economic and legal studies pertaining to the preservation of the public health, and the care and treatment of the sick and injured.

4. To gain the enactment of laws, affecting the greater usefulness of ethical medicine, dentistry, nursing and the allied sciences.

5. To protect the public health by opposing objectionable forms of medical, dental and public health legislation.

6. To protect the public against quackery, patent nostrums, fraudulent advertising and the medical practices of unqualified persons and groups.

7. To support public health departments, ethical hospitals, pharmacists, laboratories and other qualified agencies in their efforts to reduce the prevalence of disease and disability.

8. To protect qualified persons, institutions and agencies engaged in the care and treatment of the sick, against unjust encroachment upon their functions and activities.

Health of United States Remains Good

Mortality Rate Declines in Year

New York, Aug. 10.—"America at war continues in good health," statisticians of the Metropolitan Life Insurance Company here report in a summary of mortality experience of its millions of industrial policyholders in the nineteen months since Pearl Harbor.

In 1942 the mortality was the lowest ever recorded for any year. Although the monthly death rates have been higher each month this year than for the preceding year, the rate for the first six months of 1943 is only 7 per cent higher than for the same period in 1942 and appreciably lower than in any year before 1938.

Aside from the mounting toll of war deaths, the only other unfavorable features are the higher-than-ever-before death rates from cancer, cerebral hemorrhage and diseases of the heart and arteries.

Gasoline rationing has rolled back the auto accident death rate to 11.6 per 100,000 population, which is about what it was for the first half of 1922, and 37 per cent below the first half of 1942.

American women, now playing an important rôle in war production, are healthier than ever. In the two years before our entry into the first World War the death rate among the company's women industrial policyholders was thirteen in every 1,000 of ages 15 to 74 years, while in the 1940-1941 period it was less than half that, seven per 1,000.

Married people, the statisticians find, live longer, this being especially true for married men. At ages 30 to 44 years the death rates among married men are just about half those among the bachelors. Between 1929-1931 and 1939-1941 the death rates declined somewhat more rapidly among the married than among the single at ages under 40 years.

Those whose marriage is broken by death, however, experience a mortality even higher than those who remain single. Here again the men are slightly worse off than the women.—Science Service in San Francisco *News*, August 10.

Medical Group Reports Gain in Polio Cases

Chicago, Aug. 17 (AP).—The American Medical Association today reported an "alarming increase" of infantile paralysis in widespread sections of the country.

The A. M. A. *Journal* said the disease may become more prevalent this year than at any time since 1940, when 9,770 cases were recorded.

"Through August 7 nearly 3,000 cases have been reported," the *Journal* said, "or more than twice as many as appeared during the similar period last year."

Kansas Outbreak

California, Texas, Oklahoma and Connecticut appear to be most seriously affected, the *Journal* said. Recent reports, however, said Kansas is suffering the worst infantile paralysis outbreak of its history, with a peak expected some time next month.

The National Foundation for Infantile Paralysis notified Governor Andrew F. Choeppel that it was placing every resource, including money if necessary, at the disposal of Kansas physicians and public health authorities.

Epidemic Proportions

In the Chicago area the spread of the disease was reaching the epidemic proportions with ninety-three cases reported this year. The total for Illinois was 134 cases, with nineteen fatalities.

California recorded 111 new cases the week ending August 7, bringing its total for the year to 952.

Other states reported the following totals through August 7:

Texas, 757; Oklahoma, 292; Kentucky, 51; Alabama, 46; Connecticut, 41.—Modesto *Bee*, August 17.

Venereal Disease Control Center in San Francisco Considered

A big step in the control of venereal diseases—establishment in San Francisco of a rapid-treatment center for the cure and rehabilitation of infected women from northern

California—is under consideration by United States and State health officials, the *News* learned today.

The project, part of nation-wide pattern to wipe out prostitution and promiscuity wherever there are large concentrations of military and civilian personnel, will be financed from the emergency fund set up by the Lanham Act, and, if established, will be operated by the State Department of Health, with local health authorities acting in an advisory capacity.

Although Federal, State and local officials were unwilling to make a general announcement of the center "because there are so many things to be ironed out yet," they agreed that the project was inevitable for the Bay Area, that Federal funds were available, and they were now in the process of studying locations. . . .

With all the "ifs" taken into consideration, the San Francisco center could probably be ready for occupancy by January 1. Its probable cost would be over $350,000 a year.

San Francisco was chosen as the location—against the opposition of many factions—because it has been estimated that of the 200 women the center expects to treat, 100 would come from here, seventy-five from the East Bay and twenty-five from other northern California localities.

This center is not the first in the country by any means; this area has been slow to fall into line with thirty-seven others already in operation, thirteen approved and seven pending. Los Angeles has been operating a rapid-treatment center on medical lines—which this one hopes to keep away from—in its county hospital setup. Twenty-two additional centers, of which San Francisco is one, have been proposed by the Government.—Dorothy Walker in San Francisco *News*, August 7.

Prevalence of Disease

No health department, state or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

Reports from States for Week Ended July 31, 1943: Summary

A total of 361 cases of poliomyelitis was reported for the current week, as compared with 329 for the preceding week and a five-year (1938-42) median of 146. The current excess incidence of the disease continues to be confined to a few states, 75 per cent, 269 cases, of the total number being reported in four states, as follows (last week's figures in parentheses): Texas, 105 (96); California, 104 (111); Oklahoma, 30 (42); and Kansas, 30 (7). No other state reported more than eleven cases. The cumulative total for the first thirty weeks of the year is 2,316, more than for the corresponding period of any other year since 1934, when 3,180 cases, only 44 per cent of the year's total, had been reported, although the peak of weekly incidence had been reached with a report of 376 cases in the third week of June. The peak of the 1938-42 weekly medians, 501 cases, occurred during the third week of September.

A further reduction in the incidence of meningococcus meningitis was recorded for the week, although the total of 203 cases reported, as compared with 237 for the preceding week and a median of 31, is nearly three and one-half times the average for the corresponding weeks of the past fifteen years. The cumulative total for the first thirty weeks of the year is 12,981, as compared with 7,720 in 1929, the largest number recorded for the corresponding period of any prior year.

Of the seven other common communicable diseases included in the table, and for which prior comparable data are available, the incidence of only influenza increased as compared with the preceding week, and the totals of only influenza, measles, and whooping cough were above the corresponding median figures.

Deaths recorded for the week in ninety large cities of the United States totaled 8,305, as compared with 8,217 for the preceding week and a three-year (1940-42) average of 8,289. The accumulated number for the first thirty weeks of the year is 284,120, as compared with 258,770 for the same period of last year. . . .—*Public Health Reports* of United States Public Health Service, August 6, 1943.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

United States Nurse Cadet Corps*

Surgeon-General Parran Arriving to Help Form Cadet Nurse Corps

America's hospitals have the greatest overload of patients in their history, Dr. Thomas Parran, Surgeon-General of the United States Public Health Service, said yesterday, even though America's general health is "good."

Doctor Parran, here to help organize the new United States Cadet Nurse Corps, blamed three factors for the surge of patients to hospitals:

1. Busy doctors don't have time to drive from house to house.

2. Patients can't get nurses for home duty.

3. Crowded housing conditions in war-boom areas make medical treatment difficult. Trailer camps and rooming houses jammed with many families are not fit places for care of the sick.

Problem Acute

"The civilian medical problem is acute, with the military forces taking doctors and nurses," Doctor Parran said. "Nursing care has deteriorated in the last few years and is at the danger level in many communities."

The shortage of nurses has forced many hospitals to turn away from their doors patients with serious trouble, Doctor Parran explained, while some institutions have closed entire wards.

In other cities whole hospitals have been offered to the Government," he declared, "although they are sorely needed for medical care."

The Surgeon-General said that Congress passed the Bolton Act July 16 to prevent collapse in the hospital system. This establishes the Cadet Nurse Corps, which this year is expected to recruit 65,000 new student nurses between the ages of 18 and 35.

Poliomyelitis Spread

Doctor Parran said the spread of poliomyelitis has not been as heavy as was feared. "California has been harder hit than any other section of the country, with Texas next," he declared, "but there have been no substantial outbreaks elsewhere."

Arriving by Union Pacific from Washington, Doctor Parran was accompanied by Miss Lucile Petry, director of the Division of Nurses Education of the Public Health Service. They conferred with Dr. Walter L. Treadway, the Public Health Service's medical director here; Dr. Wilton L. Halverson, State health officer, and many other medical officials.

Guest at Luncheon

Doctor Parran was a guest of Dr. Rufus B. von Kleinsmid, University of Southern California president, at a luncheon in the California Club, where he is stopping, and in the evening made an off-the-record address to the Los Angeles County Medical Association.

In the afternoon he and Miss Petry spoke at a California Hospital meeting, sponsored by the American Hospital

* For editorial comment, see page 155.

Association and the National Nursing Council for War Service.

They listed California's goal as 4,500 student nurses this year for a reserve to replace the 2,500 nurses needed every month by the armed forces. Thirty-five thousand nurses already have entered the armed services, creating the serious shortage in civilian hospitals and agencies.

Training Offered

High school graduates, married or single, are offered free professional education in nursing schools at six Los Angeles hospitals, with the Government paying full tuition and fees and providing a monthly stipend and uniforms during the accelerated training period. Civilian hospitals are expected to retain the majority of students after their graduation.

Ritz E. Heerman, California Hospital superintendent, who presided at the recruiting meeting, said the nursing schools participating are at the Good Samaritan, California, General, Queen of Angels, St. Vincent's, and White Memorial hospitals in Los Angeles; at the Huntington Memorial in Pasadena and at the Glendale Sanitarium and Hospital. Any hospital can provide full details on the course.—Los Angeles *Times,* August 27.

The Family Physician and the United States Cadet Nurse Corps

Dr. Thomas Parran, Surgeon-General of the United States Public Health Service, stated that the needs of the war effort make imperative a considerable increase in the numbers of nurses for essential civilian and military nursing services. To aid in meeting this need, the Congress, in passing the Bolton Act, has created the United States Cadet Nurse Corps.

It is natural that young women who contemplate joining the Cadet Nurse Corps will turn to the family physician for advice and guidance on this matter. In pointing out to the prospective cadet nurse some of the reasons why she is needed and how joining the Corps will benefit both herself and her country, the physician on the home front will be making still another patriotic contribution to the prosecution of the war. Furthermore, it is to the physician's own interest to stimulate recruitment, since as his load of work becomes heavier, nurses can be of increasing assistance to him not only in hospitals, but also in his office and in his patients' homes.

To aid the physician in giving counsel which is specific and which will lead to action on the part of the Cadet Nurse candidate, the following suggestions are offered.

The Bolton Act.—In essence, the Bolton Act provides for grants-in-aid to nursing schools whereby the student nurse is relieved of the burden of tuition, fees, and other expenses which she ordinarily would have to meet herself, and, in addition, she is paid a monthly stipend. Schools participating in the program will continue to select their students and to plan and operate their own curricula. . . .

The effect of the Bolton Act will be to produce more nurses by stimulating recruitment of students and by speeding up training. Recruitment of student nurses has met severe competition from the many opportunities available at present to high school graduates, especially in the uniformed services and in war industry, where pay is immediate without further training. Allotments of funds to the nursing schools will aid in meeting this competition, and will further assist the schools in accelerating their curricula so that training will be more rapid.

Financial Freedom.—Full tuition and maintenance, including the uniform, are furnished the cadet and, in addition, she receives a regular monthly stipend which, although too small to attract those interested primarily in monetary return, is yet sufficient so that no girl need be deterred by financial obstacles from seeking a nursing education. Stipends will amount to $15 per month during the first nine months of training, $20 during the next fifteen to twenty-one months, and $30 or more for the six to twelve months remaining before graduation.

Choice of School.—The prospective cadet is free to enter the nursing school of her choice, provided only that the school is participating in the program, and that she herself is able to meet the scholastic, personal, and physical requirements of that school.

Choice of Job.—While the cadet is required to agree that after graduation she will continue in essential nursing for the duration of the war, it is to be emphasized that she is not compelled to enter military service. On graduation she is free to choose among the military services and numerous civilian nursing activities. It is to be noted that Army nursing and many civilian positions are open to married nurses. Whether or not a cadet may marry during her training is dependent entirely on the regulations of the school in which she is enrolled.

Joining the United States Cadet Nurse Corps:

Application to Nursing School.—The young woman who is interested in joining the United States Cadet Nurse Corps should inquire from the nursing school of her own choice as to whether it is participating in the program. She must be a high school graduate; other admission requirements vary among individual schools.

Choice of School.—It is suggested that it may be recommended to prospective cadets that they obtain catalogs of at least three schools before making a final selection. A booklet, entitled "Nursing and How to Prepare for It," will prove helpful to young women and may be obtained free from the National Nursing Council for War Service, 1790 Broadway, New York, New York.

Lists of Nursing Schools.—Lists of the 1,300 nursing schools in the United States which are accredited by State Boards of Nurse Examiners are also available from the National Nursing Council for War Service. The State Board of Nurse Examiners can supply a list of the schools in each state.

Additional information may be found in *The Journal of the American Medical Association* for March 27, 1943, and July 10, 1943, on p. 752.

Nurses' Fee Schedules: Los Angeles Area

The Nursing Bureau Committee of the Los Angeles Nurses' Association announces the following schedule of fees as approved by vote of the Private Duty Section in August, to be effective September 1, 1943.

General Nursing Care

In Hospitals.—Eight dollars for eight hours; one dollar for each additional hour.

In Homes.—Eight dollars for eight hours; $11 for twelve hours. In homes, a nurse should receive one meal for eight hours and two meals for twelve hours. Actual nursing service over a 24-hour period shall not exceed twelve hours.

Extra Charges.—One dollar additional will be charged for the care of the baby in obstetrical cases. Three dollars for each additional patient in the hospital and homes. One dollar additional will be charged for cases in the C. D. Department of the Los Angeles County General Hospital and quarantined in homes and other hospitals. Maximum fee for above rates not to exceed $12 for eight hours.

Acute Alcoholism.—Nine dollars for eight hours. $1.25 for each additional hour. Maximum fee not to exceed $15.

Psychiatric.—Violent maniacal, violent suicidal, and violent patients in restraints, $9 for eight hours, $1.25 for each additional hour. Maximum fee not to exceed $15.

Home Cases.—Mileage rate on bus or street car exceeding thirty cents round trip may be charged to the patient.

Transportation to out-of-town cases and local cab fare for calls between 12 (midnight) and 6 a. m. are the responsibility of the patient calling the nurse.

When order for a nurse is canceled after arrival on a case, the nurse is entitled to one-half day pay.

Hourly Nursing.—Two dollars for the first hour or fraction thereof. Fifty cents for each succeeding one-half hour not to exceed three hours. Beyond a radius of five miles from the nurse's home, mileage at five cents per mile will be charged.

Daily Staff Relief.—Fee for daily staff relief by private duty nurses to be at the prevailing rate for private duty services based on $8 for eight hours for fourteen days—for more than fourteen days, based on monthly staff salary—employment for fifteen days or more to be stated at time arrangements are made with nurse.

Nurses' Aides Are Eligible for Civilian Security Benefits

All volunteer nurses' aides should be enrolled in the U. S. Citizens Defense Corps, the Medical Division of the Office of Civilian Defense states in a special announcement, Circular Medical Series No. 32.

The Circular explains that questions persist in some localities regarding enrollment, particularly of nurses' aides not specifically assigned to Mobile Medical Teams, Casualty Stations, and other field casualty units of the Emergency Medical Service.

The immediate importance of this announcement lies in the fact that nurses' aides must be enrolled in the Nurses' Aide Unit of the Citizens Defense Corps, if they are to be eligible for the benefits provided under the War Civilian Security Program of the Federal Security Agency for all members of or trainees for the Citizens Defense Corps who may be injured in line of duty. Nurses' aides presently working in hospitals and health agencies are considered to be in training for service in care of the wounded in the event of an enemy attack or other wartime disaster. They are, therefore, eligible for membership in the Defense Corps, and are thus eligible for the benefits of War Civilian Security after enrollment. . . .

Hospital Employees Declared Essential

The recent Presidential Order with reference to the job stabilization program needs to be emphasized to our workers and the people of this community.

1. Hospitals are classified under the Section on Health and Welfare Services. Therefore, the hospital and all of its employees come under the job stabilization plan.

2. The Hospital Management and the employees are asked to comply with this order. Severe penalties are invoked on all parties for failure to carry out the program.

3. The order restricts the employee from henceforth changing his position without obtaining a certificate of availability through the War Manpower Commission. This must be done with the consent of the employer, unless the Commission rules otherwise after a hearing has been held.

4. The Hospital Management will be permitted to employ only those persons who present availability certificates from the War Manpower Commission. The hospital cannot issue availability certificates except for good cause.

The Executive Medical Board has noted this order and asked that it be posted for the information of all the doctors on the staff of the California Hospital, as the doctor's office also comes under the Section on Health and Welfare Services, and they are violating the law if they give employment to an employee from the hospital without first securing an availability certificate from the hospital. As the hospital cannot issue these availability certificates, except for good cause, it is important that the doctors do not offer positions to hospital employees until they have consulted the Hospital Management.

Employees of physicians' offices, including office workers, nurses, and technicians, regardless of the number, are also declared essential and come within the regulations of the War Manpower Commission.

Physicians who do not wish to sign up with the local Manpower Commission program automatically come under the national program known as Regulation 904.

It is advisable for physicians to acquaint themselves with these regulations.

(Signed) BENJAMIN H. HAGER, M. D.,
Chairman of California Hospital Staff.

1414 South Hope Street, Los Angeles.

Change Sought in Hospital Pay Rule

Dr. Paul A. Dodd, associate public member of the War Labor Board, has left for Washington, D. C., to seek a change in WLB salary level regulations to give proprietary hospitals the same status as nonprofit hospitals, the Association of California Hospitals announced today.

The change, requested at recent meetings of hospital administrators and nurses' representatives here and in Los Angeles, would permit proprietary hospitals to increase pay to the approved salary levels without first securing WLB authorization, officials of the Association said. Nonprofit hospitals now are permitted to follow this policy. WLB officials said, however, salaries of general duty nurses in hospitals under WLB jurisdiction cannot be increased beyond the approved monthly level of $140 to $150.—San Francisco *News,* August 30.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (10)

Alameda County (1)

Kameny, Louis, *Oakland*

Monterey County (1)

Duey, Harold Albert, *King City*

San Francisco County (4)

Hall, Donald Thornton, *San Francisco*
Lawson, Wallace Robert, *San Francisco*
Nickels, Thomas Tanton, *San Francisco*
Sawin, John Frederick, *San Francisco*

San Mateo County (2)

Harris, Maxwell, *Burlingame*
Sears, David, *Belmont*

Solano County (2)

McVeagh, Thomas Cochrane, *Vallejo*
Torrance, Susan E., *Oakland*

In Memoriam

Gay, Eugene John. Died at Stockton, June 21, 1943, age 72. Graduate of Drake University, College of Medicine, Des Moines, 1897. Licensed in California in 1912.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Doctor Gay was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Harwood, Dorsey Alford. Died at Santa Ana, July 17, 1943, age 64. Graduate of the University of Illinois College of Medicine, Chicago, 1906. Licensed in California in 1920. Doctor Harwood was a member of the Orange County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Keating, Vincent J. Died at Los Angeles, July 31, 1943, age 58. Graduate of Chicago College of Medicine and Surgery, 1909. Licensed in California in 1924. Doctor Keating was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✠

Pond, Samuel Benjamin. Died at Patton, July 20, 1943, age 61. Graduate of the University of Minnesota College of Homeopathic Medicine and Surgery, Minneapolis, 1907. Licensed in California in 1918. Doctor Pond was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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OBITUARIES

Julian Mast Wolfsohn
1883–1943

That patients, colleagues, and friends in all walks of life should unanimously come forward to express their grief at Julian Wolfsohn's death is greater testimony than written words of the magnitude of his loss.

Born in San Francisco in 1883, Wolfsohn was educated in the public schools and was graduated from the University of California in 1905 with the degree of A.B. in Science. In 1911 Wolfsohn completed his course in medicine at Johns Hopkins. Standing high in the class, he won one of the coveted medical internships, which he held from 1911-1912. On his return to San Francisco his interest in neurology, already evident in student days, led to his appointment as instructor at Stanford. He was still on the staff at the time of his death, with the rank of clinical professor. In 1917 Wolfsohn promptly entered the Army and in April was commissioned Captain in the Medical Corps. In September, 1919, he was retired from the Army with the rank of lieutenant colonel, but he returned almost yearly to London and Paris for study.

In 1933, at the height of his career, a mounting hypertension with severe general symptoms and finally a coronary occlusion drove him to have a splanchnic section—an operative procedure at that time still in the experimental stage. The result was brilliant, with restoration of an almost normal blood pressure and relief of symptoms. Some permanent impairment of strength, however, called for constant safeguarding by a devoted household; but at the time of his death from acute intestinal obstruction he was working hard in his very best form.

Julian Wolfsohn had a colorful personality combined with a wide and philosophic outlook on life. His magnetism was such that he was almost always the center of the group while others listened with interest that rarely flagged. A brilliant teacher, he was devoted to the students. They were often in his home, and his many individual acts of help and kindness remain largely unrecorded. As a practitioner he had that rare combination of sound background together with the practical knack of dealing with patients—especially necessary in his type of work. Many of the most difficult psychiatric problems were loaded on his shoulders; the needed help rarely failed to materialize. Always a student, Wolfsohn had many scientific papers to his credit. He belonged to the special societies concerned with his subject and, as we said above, was well known abroad, particularly in England where he had many close friends.

Outside of medicine, Julian's interests were no less varied. While in college he played tennis, and chess for the university team. He was a good pianist and an enthusiastic patron of music in all forms. His collection of United States postage stamps was of a sort to make even the advanced collector green with envy. Books were another hobby, and his library on neurology and psychiatry was outstanding.

His sudden death in the midst of active work is probably as Julian Wolfsohn would have wished it, but he can be badly spared, especially at a time when his colleagues and his country need him so keenly.

ARTHUR L. BLOOMFIELD.

✠

Henry C. Petersen
1875–1943

Dr. Henry C. Petersen, Sr., a member of the San Joaquin County Medical Society since 1907, passed away at his home in Stockton on Monday morning, May 17. He had suffered a hemiplegia last summer and had been confined to his house since that date. He seemed to be gaining in strength, and was hopeful of again resuming his professional responsibilities, when a sudden heart attack brought about his death.

Doctor Petersen was born on August 16, 1875, near Petaluma, California, and received his early education in the public schools of this State, mostly in San Joaquin County, to which area his parents moved when he was a child. He was graduated from the College of Medicine at the University of Illinois in 1905; and after a period of internship, he came to Stockton to practice. He was married in 1906 to Miss Cora Comfort; and in 1910, while he was traveling in London, England, where he was taking postgraduate work, a son, Henry C. Petersen, Jr., was born.

It was the Doctor's greatest happiness and pleasure to see this son follow in his footsteps: to graduate in medicine and join him in practice before his retirement last summer. Dr. Henry, Jr., also a member of this society, is now a lieutenant in the Army Medical Corps, temporarily stationed at Camp Barkeley, in Texas. Doctor Petersen specialized in obstetrics and enjoyed the confidence of a great many families in this area, where he had delivered several thousand babies.

In addition to his professional activities, he was always keenly interested in civic affairs and served for a number of years on the Board of Education, a portion of that time as its president. He was also always closely identified with church activities of this city, and was devoutly and sincerely interested in religious work. On many occasions he would ask his pastor to join with him in prayer when he was worried over a serious case, as he had great confidence in the help and in the power of prayer. In the passing of Doctor Petersen we have lost a well-trained obstetrician, a fine citizen, and a God-fearing and kindly Christian gentleman.

DEWEY POWELL, M. D.

He liveth long who liveth well!
All other life is short and vain;
He liveth longest who can tell
Of living most for heavenly gain.
—Horatius Bonar,
He Liveth Long Who Liveth Well.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. CHARLES C. LANDIS.....President
MRS. ROGER McKENZIE.....Chairman of Publicity

Woman's Auxiliary to the American Medical Association

Notes from the Twenty-First Annual Convention: Chicago, June 7, 1943

Report of Mrs. C. C. Landis, President of Woman's Auxiliary to the California Medical Association

Dear Auxiliary Members:

This year the Woman's Auxiliary to the American Medical Association attained its majority, and the annual meeting which was held at the Drake Hotel in Chicago, June 7 to 9, was one of seriousness and intensity of purpose befitting an organization which has so ably proved its worth all through its young and adolescent years.

Chicago, with its brightly lighted streets and blazing neon signs, is quite a contrast to our California coast cities. The Government has taken over several of the larger hotels, which makes the hotel situation rather difficult.

The Drake Hotel is a very interesting place, with ample accommodations for committee rooms and general sessions.

The American Medical Association held its House of Delegates meeting at the Palmer House.

The women of Chicago, under the very capable leadership of Mrs. Rollo K. Packard, former National President, had the arrangements well in hand.

On Sunday, June 6, the local registration committee were at their desks and many of the women took advantage of the opportunity to register early.

Monday morning, at nine o'clock, Mrs. Frank N. Haggard, National President, called the first meeting of the Board of Directors. The Treasurer announced that we have a paid-up membership of 25,127 in the Auxiliary to the American Medical Association, and that the finances of the organization are in very good condition.

This meeting adjourned just in time for us to get to the luncheon in the Gold Coast Room, which was in honor of the past presidents, seven of whom were in attendance. The speaker was Dr. Frank P. Hammond, Chairman of the Advisory Committee of the Woman's Auxiliary to the Illinois State Medical Society. His subject was announced as "Doctors' Wives—Medicine's Strongest Ally." He enumerated some of the objections he had met about forming an auxiliary and answered them very well. He believes that a doctor who senses the advantages and benefits of having an auxiliary to every county medical society should be chosen to contact each society where there is no auxiliary and sell the idea to them.

Mayor Frank Kelly welcomed us to Chicago, and told us of the Service Men's Clubs, where they care for 150,000 to 200,000 men and women of the services each week-end. Everything is free for those in uniform, even to pressing and mending their clothes when needed.

After the luncheon we went immediately to the Grand Ballroom for the formal opening of the convention.

We stood a moment in silence as a tribute to our deceased members, then Mrs. A. B. Pumphrey, President of the Texas Auxiliary, read the names by states.

Mrs. Haggard gave a fine report of the accomplishments of the organization during her year as president; but as this will be in the Bulletin, I shall not take your time by repeating. The other officers and the directors reported at this meeting, and these reports also will be published.

One thing that interested me was the membership report, which showed that California stood fourth in line. Pennsylvania ranked first with 2,785, Texas second with 2,210, New York third with 1,961, and California fourth with 1,858. Perhaps if we work just a little harder for those missing members, and try to keep the membership of those who are temporarily away, we shall be able to make a better record.

The busy convention day was completed by a very lovely tea in honor of Mrs. Haggard and Mrs. Eben J. Carey, President-Elect, given by the women of the Chicago Auxiliary and the Illinois State Auxiliary.

The second morning was taken up with reports from chairmen of standing committees. Seven of the ten chairmen were present and gave inspiring reports of the year's accomplishments.

The Tuesday luncheon was in honor of Mrs. Frank Haggard, the retiring president, and we were complimented by the presence of the following officers of the American Medical Association: Brigadier-General Fred Rankin, President; Dr. James E. Paullin, President-Elect; Dr. Morris Fishbein, Editor of *The Journal*; Dr. W. W. Bauer, Director of Public Health; and Dr. Frank Haggard and Dr. Eben J. Carey. All but Doctor Haggard gave addresses.

State presidents gave their reports in the afternoon session and were allowed five minutes each. Each one contained many helpful suggestions as to projects and policies.

Mrs. David Thomas of Pennsylvania is president-elect. California was honored by having our Mrs. Lindemulder elected as third vice-president.

In her inaugural address, Mrs. Carey outlined the objectives on which she wishes to concentrate this coming year. Briefly, they are as follows: social hygiene—elimination of venereal disease, especially around the Army camps; health education—a strong county health program; an alert Public Relations Committee; promotion of *Hygeia* circulation; Legislative Study Clubs; and keeping contact with members who are following their husbands in the service. She particularly urges the members to be leaders in all health activities in their communities.

In the evening we were invited to the opening meeting of the House of Delegates of the American Medical Association in the Grand Ballroom of the Palmer House. Brigadier-General Fred W. Rankin, M. C., U. S. A., presided, and introduced Dr. James E. Paullin of Atlanta Georgia, who was installed as president. In his inaugural address, he stressed the need for definite postwar planning for medicine, and felt we should coöperate with every organization striving to supply the needs of a war-torn world.

Mrs. Carey presided at the post-convention Board meeting on Wednesday morning.

The matter of national membership cards, which was brought to the convention by the Resolutions Committee and referred to the incoming board for consideration, came up at this meeting and it was voted to have the cards. Their information and method of distribution to be handled by a committee appointed by the President.

Dr. J. P. Simonds, of the faculty of Northwestern University Medical School, spoke of the "Effect of War on Medicine."

Mrs. Edward H. Greene, President of the Fulton County Woman's Auxiliary to Georgia Medical Society, presented the Doctors' Aide Corps as one of the newest defense organizations, Atlanta's being the first of its kind in America. It was formed as the result of an earnest desire on the part of the founders to make a very definite contri-

† Prior to the tenth of each month, reports of county chairmen on publicity should be sent to Mrs. Roger McKenzie, 138 Twenty-fifth Avenue, San Francisco. For roster of state and county officers, see page 6 in front advertising section.

bution to the war effort, and to do the work through the Auxiliary and not lose their identity as doctors' wives in other organizations. They have five services as follows: Information and Speakers' Bureau, Health Education and Health Films, Coöperative Service (such as Red Cross, Civilian Defense, A. W. V. S., etc.), Doctors' Emergency Service (such as working in a doctor's office as nurse or receptionist in an emergency), and the Blood Type Registry. The members of the Corps take a basic training of fourteen lectures on general health subjects, and then, after choosing the service they feel best fitted for, they take two weeks' training in this specialized line.

The uniform adopted is a two-piece coat suit of navy blue gabardine with brass buttons, plain white blouse, black shoes, beige hose, blue felt cap, and top coat of the same material as the suit. The summer uniform is a shirtwaist dress of navy sheer with white collar. The insignia on the sleeve is the caduceus superimposed on their state seal, with "Doctors' Aides Corps, Atlanta Division" added.

The technical assistants must be well trained and work under a pathologist or doctor, and the whole program is under the Advisory Council of the Medical Society.

The Executive Board approved the plan and recommended it to the State Auxiliaries to promote locally. It is a method of keeping the identity of the Auxiliary in all of our war activities and deserves our earnest consideration.

The Doctors' Aide Corps, as well as other war activities, were placed under a new War Participation Committee, which will be a standing committee for the duration. The President will appoint the chairman and members. The American Medical Association has a new committee of the same name.

Final report of the Registration Committee showed 197 had registered for the meeting. It was gratifying to know that twenty-five state presidents, seven of the chairmen of standing committees, and four directors made personal reports.

It was a privilege to attend the meeting of the National Board and meet our leaders, and I trust that I may be able to pass on to you some of the inspiration gained. Thank you for making this experience possible.

MRS. C. C. LANDIS,
President, Woman's Auxiliary to the California Medical Association.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

Commercial (July, 1943)		48,810
Rural Health Program		5,000
War Housing Projects (approximate)		39,535
Marin	6,304	
Los Angeles	6,391	
San Diego	12,000	
Vallejo	10,952	
San Francisco	3,888	
Total		93,345

Under date of July 30, the following letter was sent to the secretaries of county medical societies in those counties where California Physicians' Service has been rendering medical care to residents of war housing projects, with the exception of San Diego.

† † †

The Members of the County Societies, Addressed.

I am enclosing copy of a letter which was recently sent to all housing authorities with which California Physicians' Service has entered into contracts to render service in the Federal Housing Projects.

You are undoubtedly aware that the California Physicians' Service program is inadequately financed, to the point where we cannot continue to ask local physicians to accept the insufficient fees for services that we are able to pay. This notice follows out of a sequence of meetings with the Coördinating Committee of the Procurement and Assignment Service of the War Manpower Commission, which adopted the following resolution:

It is the considered opinion of this Committee that the present method of furnishing medical care to residents of housing areas, through California Physicians' Service, is the most desirable method known to the Committee under present circumstances, and we recommend that the Federal Public Housing Authority be urged to take all steps necessary, within its authority, to obtain the necessary funds to insure that this program shall be continued.

The second meeting was with all of the housing authorities concerned, which adopted a resolution which we quote, in part:

1. It is essential that medical care be made available to residents of War Housing Projects.

2. It is agreed that California Physicians' Service is the only medium through which such service can be made available in these critical war areas.

A third meeting was held with all of the governmental agencies concerned with war production, together with the United States Public Health Service, State Department of Public Health, and the California Medical Association. A resolution was adopted by this group as follows:

RESOLVED, That the Federal Public Housing Authority be requested to recognize the great need for medical care in housing projects in communities that cannot be provided for by any other means, and that the FPHA be requested to authorize local housing authorities to enter into such contracts with California Physicians' Service as may be necessary and desirable for insuring the continuation and extension of the California Physicians' Service program.

We hope to get speedy action on this combined public sentiment. It will be necessary that this matter be taken to Washington for final decision. We shall keep you informed from time to time of subsequent developments.

In the meantime, we should like to urge upon participating physicians the necessity of continuing to discharge our contractual responsibility. It is to be remembered that the financial position of the housing projects in no way affects the regular California Physicians' Service program for commercial groups.

A. E. LARSEN, M. D.,
Executive Medical Director.

† † †

Representatives of the Federal Public Housing Authority and the California Physicians' Service will go to Washington with specific information as to the proposed new plans for the consideration of Mr. Herbert Emmerich, Commissioner of the Federal Public Housing Authority.

During the past month there has been a great deal of discussion about the California Physicians' Service plan for war workers, and it is apparent that all parties concerned are very anxious that some medical care program should go forward and be extended to other critical areas. The situation in the State has not settled down and, as a matter of fact, it is becoming increasingly severe. The interest of the population concerned has been aroused, and it has become a matter of deep consideration with the

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

public health officials. It is to be remembered that at the present time the incidence of illness is at its seasonal low. In the year 1942 we had several phases of disease in near-epidemic proportions. It is the prediction of those concerned with public health that the virulence of disease during the coming winter months may be expected to be considerably stronger than last year.

The doctors in the immediate area have continued to support California Physicians' Service during its negative period in all areas except San Diego, where California Physicians' Service has had to withdraw because of the lack of physician support.

Letter from Council Chairman Gilman to San Diego County Medical Society re Medical Service in Housing Areas

(COPY)

W. H. Geistweit, Jr., M. D., Secretary,
San Diego County Medical Society,
233 A Street,
San Diego, 1, California.

Dear Doctor Geistweit:

Doctor Kress has shown me your letter of July 27 concerning the California Physicians' Service situation in the federal housing areas, and I am happy to enclose for your information and that of your members a letter which is being sent today to all county medical societies.

For your further information, the meeting held earlier this week brought together all the parties, both private and Governmental, who are concerned in the furnishing of medical care to the residents of the federal housing areas. No punches were pulled in this meeting. The issue was stated squarely by California Physicians' Service, namely, that without proper and adequate financing the housing area projects must be dropped by California Physicians' Service. All those present, including the managers of the various housing areas, agreed that adequate financing must be arranged, and all recognized that the physicians could no longer be asked to carry the financial load of the program. A copy of the resolution adopted at this meeting is enclosed.

As a result of this meeting, it is apparent that by the end of September we will either have a solution of this problem or California Physicians' Service will withdraw from all housing areas.

To return to your specific question, regarding the action of the California Medical Association Council on the requests made by your delegation to our Council meeting, the Council voted to request the housing authorities to adopt a more liberal policy of permitting private practitioners to render medical care to housing area residents who are not covered by California Physicians' Service. The housing authority representatives appeared most agreeable to this suggestion and I believe this matter can be worked out to the satisfaction of all physicians concerned.

However, the information in the paragraph above has more recently been dwarfed by the decision of California Physicians' Service to withdraw from all housing areas in San Diego County on August first. This withdrawal is going to put upon the private physicians of San Diego County the responsibility of meeting completely the medical care requirements of the residents of housing areas in the county.

I am informed that California Physicians' Service has been handling an average of more than 2,000 office visits and more than 300 home calls a month in the housing areas in San Diego County. This large volume of work will immediately be dropped into the laps of the private physicians of San Diego County, and I believe it is wise to caution you and your fellow members at this time that a grave responsibility has been given to you. None of us knows exactly what alternatives the housing authorities may resort to if adequate medical care is not given to this large group of people, but it must be evident to us all that the medical profession must handle this number of patients in an adequate and satisfactory manner in order to preserve the reputation of the private practice of medicine.

In review, the two things asked by your delegation of the 1943 House of Delegates as alternatives have now both been accomplished. First, steps have been taken to allow private practitioners to practice in the housing areas, and, second, California Physicians' Service has withdrawn from San Diego County. I am sure there is no feeling of vindictiveness on the part of anyone, and I sincerely hope that the physicians in San Diego County will be able to handle the housing area patients of the county without more than a minor interruption in the service these people require and have been receiving through California Physicians' Service.

At the same time, I would like to call your particular attention to the fact that the regular California Physicians' Service program is continuing the upward swing started some months ago and is today in the best financial position in its history of almost four years. I trust that there will be no confusion between the regular program and the housing area program in the minds of your members and that the California Physicians' Service professional members of San Diego County will continue their demonstrated support of the regular program.

Cordially yours,

PHILIP K. GILMAN, M. D.,
Chairman of the Council.

July 30, 1943.

City Baby Spree Dooms M. D. Service

The stork may have killed the medical care program of Vallejo Housing Projects.

Because, among other factors, there were 100 births per 1,000 population in the housing projects since last December, compared with the national average of 17-plus per 1,000 persons, the California Physicians' Service (CPS) has found that income from the medical care program will not meet the costs.

Ends Next Month

So, unless plans to save the program go through, it will end on September 30. CPS has served notice on the Vallejo Housing Authority that it wishes to be absolved of responsibility under its contract to provide medical care for the Vallejo Housing Authority tenants, unless new provisions for higher payments can be made. (A new contract has been submitted and is under consideration.)

These provisions call for more money for local doctors who are participating in the program.

Originally set up to provide the physicians with returns for treatments of patients of roughly $2.50 an office visit, the returns have dropped to 50 cents or less per visit.

$100,000 in Fees

Briefly, the program is set up this way:

Tenants participating in the program pay a medical insurance premium of $2.50 monthly for a single man, $4 for a couple, and $5 for a family of three or more.

To date, these fees have totaled $100,000 or more for medical care. The fees are collected by the Housing Authority and turned over to the California Physicians' Service, which administers the entire program.

CPS has staffed the various projects with physicians whose full-time duties are to care for persons under the medical care program. CPS also has assigned approximately fifteen nurses to the various projects.

15 Per Cent to CPS

The money collected and turned out to the CPS is divided roughly in this manner:

Fifteen per cent goes to the CPS for administrative costs. Of the rest, the cost of staff physicians and nurses, offices and supplies is provided, as also are costs of hospitalization and laboratory fees.

The remainder is left for the Vallejo physicians who are participating.

They are not paid a cash value for each treatment, but rather by unit. The unit charge is a definite one, that is,

for example, two units for the first visit and examination, one unit for subsequent office calls, and specified units for each type of specialist work or operation.

Paid Each Month

When the month is ended, each of the seventeen participating Vallejo and outside physicians send in a "bill" for the total units they have charged for treatment and these are divided into the money left.

At the inception of the program this unit, therefore, was $2.50, but as time has gone on and additional cases were referred to the doctors by staff physicians (the only time a patient goes to a local doctor is on referral) the number of units has climbed much more sharply than the income.

The result is that unit values have dropped to approximately 50 cents at the last available figures, setting 50 cents as the return on an office call and $12.50 as the actual return on a $50 operation.

Local Doctors Lose

The last figures coming to the writer's hand showed that the patients under the program actually were paying only 71.7 per cent of the total cost of medical care and the entire 28.9 per cent that is short is taken from the fees of local physicians.

Three possible solutions are offered to salvage the program:

1. Contribution to its operation by a local or the Federal Government, probably the latter.
2. An increase in charges to those tenants participating.
3. A reduction in services.

United States May Help

In the case of Point 1, an effort to see what federal aid may be forthcoming will be made in about ten days when Langdon Post FWA director for this area and Dd. A. E. Larsen, president of the CPS, go to Washington to confer with various officials.

There are definite arguments against taking either the second or third step.

In the first place, the success of the program as designed and introduced by CPS depends upon 90 per cent participation by tenants. This goal has been achieved, but actually the program would be much more successful from a business standpoint if there was 100 per cent participation. This is because there is that percentage of the population which practically never needs medical attention and their contribution to the program provides the surplus to make it effective.

Many Might Quit

On this same line, the CPS program calls for more medical attention for families because it provides for virtually every contingency, including obstetrical treatment.

Therefore, if the cost were raised many people might withdraw and the majority would be those who seldom need treatment and are carrying the burden without reaping benefits. By the same token, if care were limited, the withdrawals would have the same effect.

So it is questionable whether any but the first of the above tabulated methods would actually save the program.

Many are the reasons given why the program as first set up by CPS was not economically sound. Among primary causes is the birth rate. Nationally there are 17-plus births per 1,000 population. In housing projects in the United States before the war the average was 22-plus per 1,000. To be "safe," CPS figured its medical costs on a birth rate in the Vallejo projects of 25 per 1,000.

100 Babies Per M

Instead, the birth rate has been 100 per 1,000.

Also, doctors feel, there are many people who have needed some medical attention for years, but have postponed treatment, usually for financial reasons. Under the program they have taken advantage of the cheap rate and have had long-pending ailments treated.

Theoretically, after a period of time, the health of all those participating in the program should be raised to the point where treatments would be at a minimum and the local physicians would receive adequate return for their efforts.

Let it be understood that Vallejo is not the only place where CPS has found it economically unsound to operate. The condition prevails in the entire state. According to CPS compiled figures for the period of eight months, of which Vallejo participated only five, the cost of the program for the entire state was $259,094, while the income received from tenants was $185,755. Vallejo's figures for the period are $87,611 cost and $62,838 income. (As noted above, this income actually now is above $100,000, but the costs are correspondingly higher.)

A breakdown of the CPS figures also shows that the costs of the medical centers here is 3.1 per cent less than the state, hospitalization costs are five per cent higher, administrative 1.1 per cent higher.

Socialization Dodged

There were many factors behind the type of service set up by CPS here, but primary among them was the thought of physicians that the medical care was the doctor's reply to the profession's self-announced bugaboo—socialized medicine.

So, in the event of the final failure of the program by physicians, it seems likely that those groups which advocate socialized medicine will hop aboard the band wagon with glee and announce the following stand:

"The physicians have tried their plan and have failed. Now give us the same opportunity to experiment ten months with socialized medicine as we want to do it."

So it is entirely possible that the housing projects may provide the final answer to whether all persons may have adequate and complete medical care at the cost of an "insurance premium."—Vallejo *Times-Herald,* August 15.

Residents to Have New Medical Care as CPS Is Discontinued

Due to the fact that membership in the California Physicians' Service plan showed a decline from 63 per cent of the residents in January to 48 per cent in June, the CPS was discontinued as of July 31. Reasons listed for the discontinuance were insufficient finances, and the fact that maternity cases in the Federal Housing areas have been approximately four times the average birth rate of the United States as a whole.

Every effort is being made by management to insure adequate medical care for Linda Vistans, and three physicians are already installed in the medical center. Present plans are for one physician for every thousand residents, and doctors qualified to practice in San Diego, or migrant physicians approved by the California Medical Association will be considered. Other applications are now pending.—San Diego, *Aircraft Mechanic,* August 6.

"We Want CPS," Housing Tenants Say

The threatened dissolution of the California Physicians' Service health insurance program in the Federal Housing Projects, where it now operates, this week brought pleas for its continuance from organized tenant groups.

At Richmond's Harbor Gate project, representatives of nine housing projects in the Bay area met to organize the nation's first interhousing project tenants' council and passed a resolution asking Federal Housing Authority executives to save the health plan.

CPS has notified the housing projects that it cannot continue furnishing doctor and nurses unless a new financial arrangement is devised.

The new council, made up of democratically elected delegates from nine Bay area housing projects, named David Landy of Harbor Gate as its temporary chairman.

At Marin City the community council passed a concurring resolution which states that "Marin City would find itself in a most alarming situation if no medical service is arranged for us." The resolution commended the work being done by CPS in the project and revealed a serious shortage of doctors in near-by communities.

CPS has informed projects it will suspend service on September 30. A delegation of officials, including Dr. Edwin Larsen, State CPS director; Judge Guy at Ciocca, executive director at Marin City; and William G. Reidy, regional FPHA project services director, left for Washington this week to work out a new health insurance arrangement that would be agreeable with national FPHA authorities.—San Francisco *Chronicle,* August 26.

Farm Security Repayments Pass New Loans

Ralph B. Randall, Farm Security supervisor for Riverside and San Bernardino counties, disclosed yesterday that FSA farmers here had repaid the agency more than twice the amount of money they borrowed during the fiscal year ending June 30.

Health Program Organized

The rural health medical program for all "small farmers" and their families was organized this year with the assistance of FSA field personnel. The advantages of this group medical and hospital service were made available through California Physicians' Service and the Hospital Service of Southern California. The members of the Bi-County Farmers' Health Association plan to expand the program this coming year. . . . Riverside *Enterprise,* August 4.